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ABSTRACT

This packet contains documents that provide general information about homelessness and the need for both Federal and local action to help the homeless people in America. Sections 1 and 2 contain the following articles released by the Homelessness Information Exchange: (1) "The Problem of Homelessness Nationwide"; and "Alternative Family Housing Projects." Section 3 is an article by the National Coalition for the Homeless, "Homelessness in America: A Summary" that includes a list of relevant publications to order and organizations to contact. Section 4 contains a report from the U.S. General Accounting Office entitled "Homelessness: A Complex Problem and the Federal Response." Section 5 contains a report from the Democratic Study Group of the U.S. House of Representatives. Section 6 contains the following articles about Federal funding: (1) "Programs and Funding for the Homeless Enacted in the 100th Congress" issued by CRS Report for Congress; and (2) "Stewart B. McKinney Homeless Assistance Act Appropriations 1989." Section 7 comprises the following newspaper articles on homelessness: (1) "Homeless/Hunger on Rise, Mayor's Report Reveals"; (2) "Continued Rise In Emergency Needs Predicted In National Survey"; (3) "Hunger, Homelessness Up Steeply, Mayors Say"; (4) "Food and Shelter Demand Increasing"; (5) "Homeless In America"; (6) "Little Separates the Homeless from Rest of Us, Says Professor"; (7) "Contemporary Homelessness Represents Qualitative Change In Poverty"; (8) "Study Predicts 18.7 Million Americans Will Lack Affordable Housing by 2003"; (9) "Federal Government Must Take The Lead In Alleviating Suffering Of Homeless"; (10) "Why Does Homelessness Continue?"; (11) "Rural Areas See Homeless Rising; Report Calls For Emergency Relief"; (12) "Homelessness and the Mentally Ill: A Societal Tragedy--More Funds Needed for Mental Health Plan"; (13) "Homelessness and Social Ties"; (14) "Homeless Health Needs Examined in Hearings"; and (15) "Nutrition And The Homeless: Part II: Special Needs." Section 8 contains a bibliography with 15 references. Section 9 contains a list of free publications available to the public. Section 10 contains a list of eight publications available from the Homelessness Information Exchange. Three charts, two graphs, and two tables are included. (JS)

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HOMELESSNESS EXCHANGE

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HOMELESSNESS: A GENERAL INFORMATION PACKET

HOMELESSNESS INFORMATION EXCHANGE
February 1988

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HOMELESSNESS INFORMATION EXCHANGE
1830 CONNECTICUT AVENUE, N.W.
4TH FLOOR
WASHINGTON, D.C. 20009
202/462-7551

The Homelessness Information Exchange is a national nonprofit information service on homelessness, offering summaries of model programs, research, funding sources and technical advisors.

The Homelessness Information Exchange emphasizes the need to address homelessness within the context of community development by providing information on a continuum of solutions including emergency shelters, support services, transitional and permanent housing and preventive strategies.

Reproduction of this publication is made possible by the Edison Electric Institute, Washington, D.C.

Section I. "The Problem of Homelessness Nationwide"
Homelessness Information Exchange

THE PROBLEM OF HOMELESSNESS NATIONWIDE
HOMELESSNESS INFORMATION EXCHANGE
MARCH 1988

Homelessness is a crisis in the lives of countless numbers of Americans.

The problem is of an indeterminate magnitude. Nationwide estimates range from the most modest federal figures of 350,000 (U.S. Department of Housing and Urban Development Report on Homelessness and Emergency Shelters, 1984), to the more accepted figure from those in the field of between 2 and 3 million (Community for Creative Non-Violence, Congressional Testimony, 1980). In Washington, D.C., alone, the most reliable estimates range from 7,000 to 10,000.

The homeless are no longer only skid-row alcoholics. They are young and old, abled and disabled. They are deinstitutionalized psychiatric patients, unemployed individuals and families, disabled veterans, runaway youth, teenage mothers, low-income families displaced by an inability to pay escalating housing costs, and countless others who find themselves outside of a shrunken social service network. Their situations are diverse, but they are linked by a common thread of poverty and lack of housing.

The causes of homelessness are very complex. They include cutbacks in federal housing outlays, a lack of community facilities offering mental health care, the displacement of low-income housing units due to commercial development, the dramatic transformation of America's largest industries, the breakdown of the family unit, and the degrading cycles of substance abuse.

Homeless persons lack secure housing, food, showers, and clothes. They need attention and support, counseling, job training, medical diagnosis, child care, assistance in obtaining benefits, and an opportunity to realize their worth in society.

According to the Department of Housing and Urban Development study, the average age of homeless persons is between late 20s and early 30s. The study estimated that 38 percent had been recently evicted, more than half were in shelters for the first time, and 50 percent were homeless due to a personal crisis.

While this 1984 study estimated that 23 percent of the population was made up of families, the U.S. Conference of Mayors' survey of 25 cities in 1987 found that the percentage of families had risen to 33 percent. Seventy percent of these families are headed by a single parent. The number of families requesting shelter has increased by about 31 percent during the last two years.

The Conference of Mayors found that the demand for shelter has increased each year since 1985 at an average rate of 21-25 percent. Most cities report an inability to meet the need for emergency services. This is not surprising as HUD reported in 1984 that only 111,000 homeless persons can be housed in this country on any given night.

Although much attention has been given to substance abuse and chronic mental illness among homeless persons, the Robert Wood Johnson Health Care for the Homeless project found that these were not primary characteristics of the persons they served. According to the statistics, 84 percent were not suffering from chronic mental illness, 87 percent were not drug abusers, and 62 percent were not alcohol abusers. Fifty-three percent had at least a high school education.

The problem of homelessness illustrates a national epidemic -- the most severe housing crisis since the Depression. In New York and Boston, there is a less than one percent vacancy rate in low-income, rental housing in the city. The National Housing Law Project in Washington, D.C., reports that in 1985, 2.5 million persons were involuntarily displaced, while 500,000 low-rent units are lost each year. Between 1970 and 1982, the nation lost 1,116,000 single-room-occupancy units -- nearly half of its supply.

Nationwide we are struggling to comprehend how in this day and age, when so many people are so well off, we have people who do not have shelter.

In response to this epidemic of homelessness, concerned individuals are operating shelters, forming task forces, conducting research, confronting public officials, and attempting to coordinate housing and human services.

While the numbers of homeless people have increased, so too have the number of those organizations, programs, funding sources and policy makers that are becoming involved. Traditional services are being challenged as the homeless population changes, creating a demand for new types of services and approaches.

A Massachusetts Association for Mental Health report, <u>An Integrated Approach</u>, states that "homelessness is a problem of such massive proportions and astonishing complexities that only a course of action which integrates all forces and resources at hand -- public, private, government and provider -- can begin to address the needs of people with no place to be."

Section II. "Alternative Family Housing Projects
Homelessness Information Exchange

ALTERNATIVE FAMILY HOUSING PROJECTS

HOMELESSNESS INFORMATION EXCHANGE
January 1987

$37,000 a year to house a family in a welfare hotel?

One room for one family, including meals, is $3,000 a month in welfare hotels in every city across the country. The cost to taxpayers is $37,000 on average per family a year. Part of this cost is for maid service and transportation to different feeding programs within a city -- most of it goes to unconscionable landlords. None of the cost is for the development of long-term housing or support services to enable families to become self-sufficient.

Isn't there a better way?

- The Albany Area Housing Opportunities and Capitol Hill Improvement Corporation, have purchased three adjacent properties in a commercially zoned historic district to house homeless families and rent commercial space to subsidize costs. A state grant and federal Community Development Block Grants enabled the site purchase and rehabilitiation, and the program is also supported by local churches and neighborhood organizations.

- In Westchester County, NY, the Department of Social Services has joined with a unique local cooperative of real-estate agents, low-income housing developers and clergy to purchase permanent low-income housing units for homeless families in existing apartment buildings. After one year, they had provided 40 new permanent SRO units, 47 emergency apartments, and a 15-bed community residence. The city saved half of what they were previously spending to place homeless families in motels. Landlords are offered below-market federal rehabilitation loans to renovate deteriorating apartment buildings if a certain percentage of the apartment units are designated low-income. Homeless families are then able to use housing vouchers that otherwise were only redeemable in scarcely available public housing units or welfare hotels.

- The Community of Hope in Washington, DC, has raised private funds to purchase two dilapidated, vacant buildings from the city and now provides housing to over 78 low-income families. The families pay 30% of either their public assistance benefits or limited

income toward rent, and the city makes up the difference. The program raises additional private funds to offer counseling, child care and employment training support services. The savings to taxpayers is between $28,000 and $30,000 per family per year.

- The Dallas Department of Housing and Neighborhood Services, along with two local social service groups, has turned a vacant, dilapidated apartment complex into a housing cooperative for more than 100 low-income, potentially homeless families. The local groups raised the funds to purchase the property and the city joined with a local bank to finance the renovation costs. The families pay a small initial down payment as members in the collective ownership and are entitled to a low, fixed rent, not to exceed $300 a month.

- The Fremont Public Association in Seattle developed a 33-unit apartment building for women and children, half of which will be available for emergency shelter and half for low-income housing. Construction costs were financed through a partnership of two banks, the city, an office developer, a state finance agency and a private investor. Local architects and service providers joined to ensure that the design of the building would best serve the different management needs of both permanent and short-term living space.

- In Minneapolis, funds from tax increments available in the Elliot Park neighborhood, and from repayment of earlier Urban Development Action Grants, are being used to redevelop five deteriorated buildings into 163 low-income rental housing units. The city approved the $4 million project to be developed by the Brighton Development Corporation and the Neighborhood Improvement Company. Rents will be as low as $135 for the 44 SRO units, and between $210-350 for the non-SRO apartments.

- At Warren Village in Denver, Colorado, homeless families are given private apartments and a host of support services. 94% of the families served have gone off welfare and, according to the Development Director, "have an improved level of professional and personal esteem." In two buildings, financed through the city, private foundations and individuals, 200 families are accepted directly from shelters and receive child care, job training and counseling from 50 permanent staff and 30 volunteers. Within 18 months, those with stable employment moved into housing.

- The Wilder Foundation in Minneapolis purchased an old hotel to offer 76 SRO units at rents of $175 a month. Renovation costs were financed through a joint city and county homelessness fund program, and total costs per unit were $19,500. The Foundation will also cover operating deficits rather than raise rents to a level that is unaffordable to the very low-income target group. Wilder, Catholic Charities and Lutheran Social Services have established respective roles in support service delivery, ownership, and physical management of the facility.

Section III. "Homelessness in America: A Summary"
National Coalition for the Homeless

Homelessness in America: A Summary

National Coalition for the Homeless
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105 East 22nd Street
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WHAT DOES IT MEAN TO BE HOMELESS?

A general definition of homelessness includes anyone whose primary nighttime residence is a public or private shelter, an emergency lodging house, a commercial hotel or motel, or any other public space. Public parks, transportation terminals, cars, abandoned buildings and aqueducts are among the likely places for homeless people to live.

Less noticeable are the "hidden" homeless -- the people who have not yet had to take refuge on the streets, but live doubled or tripled up with relatives or friends in some temporary, makeshift arrangement.

But being homeless means more than not having a place to sleep. Being homeless means having no place to save the things that connect you to your past, losing all contact with friends and family, uprooting your children from school. It means suffering the frustration and degradation of living hand to mouth, depending on the generosity of strangers or the efficiency of a government agency for your survival, for your children's survival.

HOW MANY HOMELESS PEOPLE ARE THERE?

It is impossible to state with precision the number of homeless persons in the United States or in any given city. National estimates range from 350,000 -- the Administration's figure for 1984 -- to 3 million. Whatever the exact magnitude, it is clear that the number is both large and growing. A recent study by the National Coalition for the Homeless reports that the number of homeless persons will continue to increase at a rate of 25% per year. The U.S. Conference of Mayors reported similar findings in a study done in December 1987. These figures do not begin to take into account the millions more who are living on the brink of homelessness in constant risk of being turned out onto the street.

The following statistics on the number of homeless people in various cities of vastly different sizes give some sense of the broadening scope of homelessness nationwide:

City	Estimated Number of Homeless Persons	Shelter Beds Available
Boston, MA	5,000-7,000	2,351
Chicago, IL	25,000-30,000	2,800
Dallas, TX	4,000-14,000	1,724
Los Angeles, CA	50,000	5,000
Miami, FL	10,000	409
Minneapolis, MN	23,500	1,100
New York, NY	70,000-90,000	30,000
Phoenix, AZ	6,500	800-1000
Washington, D.C.	10,000-15,000	2,500

Not only is homelessness increasing in numbers, it is also broadening in reach. The old stereotype of the single, white, male alcoholic -- the so-called "skid row derelict" -- no longer applies. The face of America's homeless now mirrors the face of America's poor. Recent studies reveal the following rough portrait of the nation's homeless:

About one-third to 40% are families with children
About half are single men
About 14 % are single women
About 20-30% are employed
About 30% are veterans

In all parts of the country, service providers (people who run shelters and soup kitchens) report the most dramatic rise in the number of homeless families. In some areas -- New York City, Boston, and Portland, to name a few -- families with children now comprise the majority of the homeless. In New York City, the municipal shelter system houses more than 5,000 families -- including 13,000 children, half of whom are under 6 years of age. Among other cities reporting increases are Charleston, Philadelphia, Los Angeles and Providence (where families now represent almost 65 percent of the sheltered population).

WHAT CAUSES HOMELESSNESS?

The leading cause of contemporary homelessness is the lack of affordable housing: in the past decade, while more people have been in need of low-cost housing, less has been done to create, protect, and rehabilitate the nation's housing stock. In addition, economic factors, insufficient care for the mentally ill, and federal cutbacks of social services to the poor are significant causes.

Lack of Low-Income Housing: The Federal Housing Act of 1949 sought to establish the means to "a decent home and suitable living arrangement for every American family." In 1968, additional housing legislation aimed to create six million units of federally assisted low-income housing. A decade later, only 2.7 million had actually been established. Each year thousands of units of low-income housing are lost nationally due to conversion, gentrification, abandonment, demolition and arson.

The Reagan Administration drastically reduced funding for federally assisted housing. Figures comparing the Department of Housing and Urban Development (HUD) allocations from 1981-1987 show a 78 percent decrease in funding:

Year	HUD Budget
1981	$32 billion
1982	$18.9 billion
1983	$14.2 billion
1984	$13.4 billion
1985	$11.7 billion
1986	$10.3 billion
1987	$7.12 billion

These federal cuts have led to a critical shortage of affordable housing. Whenever there is a shortage, there is competition. When there is competition, someone loses. In this case, losing means being pushed out of one's home. Those who have been pushed out are the poor, the sick and the disabled, and single parents with young children. As the shortage worsens, the newly homeless begin to include senior citizens on fixed income and low-wage working people.

Economic Factors: The consistently high rate of structural unemployment and underemployment adds to the ranks of the nation's homeless. A Congressional study found that high unemployment and falling wages were the factors most responsible for the increase in the number of poor Americans, up 7 million since 1979. The duration of unemployment has increased as well. In 1979, 460,000 individuals were unemployed for over 26 weeks; that number rose to 1.4 million in 1982, and declined only slightly to nearly 1.2 million in January 1986.

In addition, low wages for those who are employed contribute to homelessness. A recent government study showed that of the 8 million new jobs created from 1979-1984, more than one half of them paid less than $7,000 per year. The poverty line -- the minimum income needed for subsistence -- for a family of four today is $11,200. The minimum wage -- set at $3.35/hour -- has not been raised since 1981. Since then, its real value has fallen by more than 25 percent, while the cost of living has risen by 33 percent. In addition, most of these lower-paying jobs do not provide crucial benefits, such as health care; thus many are faced with financial catastrophe should one of their family members fall seriously ill.

There are other links between homelessness, unemployment and poverty. Many people are unable to find a job if they cannot give a permanent address or telephone number. Single parents who head their families and need to work cannot do so unless they have access to day care or their children are enrolled in school. Children lacking a permanent address have difficulty registering for school and often move around too much to maintain attendance even if they are registered. A recent study found that 43% of homeless children do not attend school. Without an education or stable family life, the cycle of homelessness is likely to continue.

Lack of Adequate Care for the Mentally Ill: Estimates are that 20-25 percent of the homeless population is mentally disabled. Beginning in the 1960s, "deinstitutionalization" became the dominant policy in caring for the mentally ill. The policy assumed that with proper community mental health care (i.e., group homes), there was no need to keep so many people institutionalized. Between 1963 and 1980, the population of psychiatric institutions throughout the country decreased by 367,000 people. Although sound in principle, in actual practice the program was incompletely instituted: most of the needed community facilities were never set up; of the 2,000 planned federally supported community mental health centers, fewer than 800 were actually established. As a result, many mentally disabled people have been abandoned to the streets.

Cutbacks in Federal Entitlements Programs: Federally funded programs to aid the poor also suffered substantial reductions under the Reagan Administration. As a result, increasing numbers of poor families must make the choice between buying food and paying rent.

Aid to Families with Dependent Children (AFDC) is the major federal assistance program for poor families. Since 1981 there has been a $3.6 billion cut in AFDC funds, and 440,000 families have been dropped from the average monthly caseload. In over 41 states, the combined value of AFDC and food stamps benefits is below 75% of the poverty level. There is not one state in which the combined value even reaches the poverty level.

The Food Stamp Program has been cut back, even as the number of people living in poverty continues to grow. In 1980, 68 percent of the population living in poverty received food stamps; in 1985 that number fell to 60 percent. Since 1982, $6.8 million has been cut from the Food Stamp program, reducing benefits to 20 million families.

In 1981, the Social Security Administration undertook an aggressive review of the records of those who were receiving disability benefits. By 1985, some 491,300 recipients had been dropped from the rolls. After lengthy administrative and legal procedures, the reviewing process was ruled illegal. Only 200,000 of the elderly and disabled who had been cut off were able to get their

benefits reinstated. Many of those who lost their income wound up on the streets.

Homelessness today is not the result of personal faults or failures. It isn't the eccentric lifestyle of a few marginal or disabled groups. Homelessness is simply the most extreme manifestation of contemporary poverty in America.

SOLUTIONS:

Housing: The only true solution to homelessness is permanent affordable housing. In the interim, emergency and transitional shelters provide some immediate relief.

Emergency shelters generally operate under the auspices of private non-profit organizations; occasionally they are administered by local governments. These shelters provide the most basic necessities: food and overnight shelter.

Transitional shelters offer programs which are designed to help residents get out of the shelter system. The length of stay at a transitional shelter ranges from a few weeks up to two years.

Some homeless people need more than affordable housing to mend their broken lives, but adequate housing is the common need all homeless Americans share. Permanent housing is still the only genuine solution. There are federal legislative efforts for the appropriation of funds to reverse the effects of recent massive cutbacks in housing programs, and to create more subsidized low income housing. In addition, local groups are fighting to preserve the existing affordable housing stock and to pressure local and state officials into creating more.

Legal Avenues: Legal advocacy organizations in a number of cities have brought and won law suits in order to establish, usually under state law, a legal right to the bare essentials of survival. The first of these, *Callahan v. Carey*, was brought in New York City in 1979 by the Coalition for the Homeless. Today there is a legal right to shelter in St. Louis, Washington, D.C., Los Angeles, Philadelphia, West Virginia, and Atlantic City.

Recently, litigation has been directed to force the federal government to obey Congressional mandates either to aid the homeless or to prevent future homelessness. The National Coalition for the Homeless has had the following federal agencies in court charging violations of law:

- The Department of Health and Human Services for its failure to require states to provide emergency shelter to families with children;

- The Department of Defense for its failure to make under-utilized military facilities available as shelter sites;

- The Veterans Administration for its failure to provide assistance to an estimated 750,000 homeless veterans;

- The Department of Housing and Urban Development for its failure to release $15 million in Emergency Shelter Grant funds in a timely manner;

- The Department of Education for its failure to implement a program for homeless children in a timely manner.

Perhaps most significant has been the development of legal theories to prevent homelessness. Specifically, lawsuits have been brought in various parts of the country to force continued support of former state psychiatric patients or foster care children as they move into the community, to raise the minimum level of public assistance to a point where housing and food can be obtained, and to provide services to families -- such as day care -- to prevent homelessness.

Federal Legislation: An omnibus legislative package entitled "The Homeless Persons' Survival Act" was introduced in Congress in 1986 to create a responsible federal role in ending homelessness. The Act, drafted by the National Coalition and ten other organizations, has over 60

cosponsors and has received endorsements from over 60 national and regional organizations. In three separate titles, the bill proposes comprehensive federal action. Highlights are:

Emergency Relief: ensure that all homeless persons receive the base minimum of emergency shelter; provide effective outreach so that homeless persons receive federal benefits to which they are entitled; provide special emergency assistance to homeless families including shelters for parents with infants.

Preventive Measures: prevent unnecessary evictions from subsidized and private housing; preserve low rent housing such as single room occupancy (SRO) units; modify AFDC eligibility requirements that discourage maintenance of extended family living arrangements.

Long Term Solutions: increase the supply of federally subsidized housing; develop community based permanent residences for the homeless mentally ill.

Several portions of the Homeless Persons' Survival Act were passed by Congress and signed into law. The law requires that:

- Homeless persons living in shelters are now eligible for Food Stamps. In addition, Food Stamps may be used by homeless persons to buy prepared meals served at non-profit establishments.

- Federal agencies may not bar persons without a fixed address from receiving SSI, Medicaid, AFDC or Veterans benefits.

- Homeless persons are specifically included in the Job Training Partnership Act.

In the Spring of 1987, Congress passed the Stewart B. McKinney Homeless Assistance Act. The Act, signed reluctantly by President Reagan on July 22, 1987, is the first comprehensive federal response to homelessness. Based in large part on Title I of the Survival Act, it authorizes just over $1 billion for 1987 and 1988, primarily for emergency aid. The bill provides funds for emergency and transitional shelter services ranging from education to job training and health and mental health care. The remaining portions of the Survival Act -- primarily preventive and long-term measures -- are still pending.

WHAT YOU CAN DO:

- Support legislation. Contact your Representatives and Senators and urge them to support legislative pieces to help the homeless poor.

- Your voice is important. The politicians who represent you -- on the local, state and federal level -- all need to know that their constituency wants to prevent future homelessness and relieve the problems of the people who now have nowhere to go. Write letters, make telephone calls and set up appointments to see your representatives when they are in their home state. Contact the National Coalition for the Homeless in Washington, D.C. for current information on federal legislative efforts. Senators can be written to at: U.S. Senate, Washington, D.C., 20510. Representatives can be written to at the U.S. House of Representatives, Washington, D.C. 20515. Both Senators and Representatives can be telephoned at (202) 244-3121.

- Volunteer your time. Many non-profit and religious organizations operate soup kitchens and shelters. There is a continual need for caring volunteers to keep these programs running. Contact a group in your area, or write to the National Coalition for the Homeless for information on where you can help.

- Help individuals who live on the streets by offering anything you can: a meal, a cup of coffee, a blanket or pair of gloves if it's cold. This can be done individually, or as part of an organized effort in which a group of people gather essential items and distribute them to people on the streets.

Newsletters: *(cont'd)*

Foodlines
published by Food Research
and Action Center
1319 F Street, N.W.
Washington, D.C. 20004
(202) 393-5060
($20 subscription)

Mental Health Law Project Update
2021 L Street, N.W.
Washington, D.C. 20036
(202) 467-5730
($25 donation)

Shelterforce
published by National Housing Institute
439 Main Street
Orange, NJ 07050
(201) 678-3110
(subscription; $15 individual,
$25 organization)

Publications:

"Homelessness in America: A Litigation Memorandum for Legal Services Advocates." Published by the National Clearinghouse for Legal Services, Inc., 407 South Dearborn, Suite 400, Chicago, IL 60609. Tel. (312) 939-3830.

"The Continued Growth of Hunger, Homelessness and Poverty in America's Cities: 1987." Published by the United States Conference of Mayors, 1620 Eye Street, N.W., Washington, D.C. 20006. Tel. (202) 293-7330.

"The Faces of Homelessness." By Marjorie Hope and James Young. Published by Lexington Books, D.C. Health and Company, 1986.

"Homelessness: Critical Issues for Policy and Practice." Published by the Boston Foundation. Copies can be obtained from Community Program Innovations, P.O. Box 2066, Danvers, MA 01923. Tel. (617) 774-0815.

"Pushed Out: America's Homeless Thanksgiving--1987." Published by the National Coalition for the Homeless, November 1987.

"Saving Lives: Emergency Federal Aid Reaches the Street." Published by the National Coalition for the Homeless, November 1987.

"Broken Lives: Denial of Education to Homeless Children." Published by the National Coalition for the Homeless, December 1987.

Contact the National Coalition for the Homeless for a full list of publications.

SOURCES OF INFORMATION

Organizations:

The National Coalition for the Homeless
1439 Rhode Island Avenue, NW
Washington, D.C. 20005
(202) 659-3310

or

105 East 22nd Street
New York, NY 10010
(212) 460-8110

Policy Research Associates, Inc.
262 Delaware Ave.
Delmar, NY 12054
800/444-7415, 518/439-7415

Children's Defense Fund
122 C Street, N.W.
Washington, D.C. 20001
(202) 628-8787

Homelessness Exchange
1830 Connecticut Ave. N.W.
4th Floor
Washington, DC 20009

National Low Income Housing Coalition
1012 14th Street, N.W. Suite 1006
Washington, D.C. 20005
(202) 662-1530

National Volunteer Hotline
1-800-HELP-664
Operated by the Community for
Creative Non-Violence (CCNV)
425 2nd Street, N.W.
Washington, D.C. 20001

Newsletters:

Safety Network
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Section IV. "Homelessness: A Complex Problem and the Federal Response" U.S. General Accounting Office

REPORT BY THE U.S.

General Accounting Office

Homelessness: A Complex Problem And The Federal Response

Homelessness has been receiving increasing attention in communities across the country. Studies from all regions report on the growing number of people who have sought shelter from private voluntary and public agencies. Surveys have also identified an increase in the numbers of women and children, young adults, and mentally ill persons who have become part of the homeless population.

Multiple factors have been identified as contributing to the problems of homelessness. In addition to the historical factor, alcohol and drug abuse, these include: increased unemployment in the late 1970's and early 1980's, inadequate community resources for the mentally ill, increases in personal crises, cuts in public assistance, and the decline in the number of low-income housing units. Homelessness is likely to remain a problem due to continuing shortages of mental health services and low-income housing.

While there is no single federal agency to provide services to the homeless, aid has been provided through different mechanisms. The federal agency providing the most funds directly is the Federal Emergency Management Agency, which has obligated $210 million for food and shelter during the last 3 fiscal years. However, the authorization for an emergency food and shelter program will run out at the end of fiscal year 1985; that agency believes it lacks the expertise to run a permanent program and has not requested funds for fiscal year 1986. Whether an emergency food and shelter program will be continued after September 30, 1985, and if so, which agency will administer it, remains unresolved.

GAO/HRD-85-40
APRIL 9, 1985

CHAPTER 2

TRENDS IN HOMELESSNESS

No one knows how many homeless people live in the United States today. Because of the many difficulties inherent in counting homeless persons, a reliable estimate has been difficult to obtain. As a result, there is much disagreement over how large the problem is. National estimates range from a low of 250,000 to 350,000 by the Department of Housing and Urban Development[1] to a high of 2 to 3 million by the Community for Creative Non-Violence (CCNV), a Washington, D.C.-based advocacy group and shelter provider.[2]

Despite the disagreement over the size, there is agreement in the studies we reviewed that homelessness has been increasing over the last several years, although there are no reliable data to identify how much it is increasing. Service providers throughout the country have increased their services in response to the large number of people seeking food and shelter. HUD estimates that the number of shelters for the homeless has increased nationally by about 66 percent since 1980.[3]

WHAT IS HOMELESSNESS?

Many different definitions have been used to describe homelessness:

--In its study during the winter of 1983-84, HUD counted a person as homeless if his or her nighttime residence was:[4]

(a) "in public or private emergency shelters which take a variety of forms--armories, schools, church basements, government buildings, former firehouses and, where temporary vouchers are provided by private and public agencies, even hotels, apartments, or boarding homes;" or

(b) "in the streets, parks, subways, bus terminals, railroad stations, airports, under bridges or aqueducts, abandoned buildings without utilities, cars, trucks, or any of the public or private space that is not designed for shelter."

--The National Institute of Mental Health (NIMH) of the Department of Health and Human Services concluded that there is no precise, commonly accepted definition. Participants at an NIMH workshop developed a working definition of a homeless person as "anyone who lacks adequate shelter, resources, and community ties."[5]

--Two researchers with the Community Service Society of New York (a nonprofit service organization) used a similar definition but added: ". . . those whose primary residence is in other well-hidden sites known only to their users."[6]

In this report, the definition we use for homelessness that encompasses the common components of the above definitions is: "those persons who lack resources and community ties necessary to provide for their own adequate shelter."

CHANGING NATURE OF THE HOMELESS POPULATION

Historically the homeless have been viewed as alcoholics, drug addicts, and/or transients. Most were described as white elderly males who either wandered the country looking for seasonal spot labor or "hung out" in front of bars, pool halls, or dilapidated hotels.[7] Service providers now report seeing more homeless who do not fit this description. Following the deinstitutionalization movement which began in the mid-1950's, more and more mentally ill persons have been identified among the homeless population. More recently, the "new homeless" include persons who have lost their jobs or public assistance, lost their residences, and were subsequently unable to find affordable housing.[8] Also, shelter providers report serving a younger population in their mid-30's and more women and children.[9]

Reviewing recent studies in the mental health field, NIMH reports similar findings. One NIMH researcher concluded that

> "the homeless are a heterogeneous population comprised of many subgroups including runaway children, immigrants, migrants, so-called bag-ladies, displaced families, a certain number of the unemployed, battered women, minorities, the elderly, and an overrepresentation of persons with serious alcohol, drug abuse, and mental health disorders."[10]

An Atlanta research group reports that the "stereotype of the Skid Row wino or bum no longer adequately describes the homeless, as increasing numbers of women, young people, mentally disabled, and economically displaced enter that population."[11]

Based on its survey of shelter providers and review of local studies, HUD concluded that the "demographic characteristics of the homeless have changed markedly over the last 30 years." The current population has, according to HUD, a "very different profile:"[12]

--While most homeless persons are single, the number of families is significant.

--The homeless population is much younger than in the past, with an average age of 34.

--Though most homeless persons are white, the proportion of minorities is rising.

Our review of studies, including both those based on interviews with the homeless and those which relied on information from shelter and other service providers, confirmed HUD's findings.* Over the period 1979 to 1984 the homeless population, while still primarily composed of single white men, included a sizable group of women, families, and minorities. In addition, the homeless were reported to most typically fall between the ages of 20 and 40. Our interviews with shelter providers, researchers, and government officials also corroborated these study results.

In May 1984, the New York State Department of Social Services surveyed[13] over 1,000 groups statewide. The survey results from 250 shelter providers indicated that a significant proportion of the homeless who used shelters were family members and were relatively young. The survey found that on an average night in 1983, public and private shelters across the state "provided space" for 20,200 persons, of whom 9,013 were single individuals. The rest were members of 3,170 families. Also, over 40 percent of both male and female shelter users were 30 years of age or less.

A January 1985 study[14] by three researchers at the University of California at Los Angeles also documented how the nature of homelessness has changed. Based on interviews with 238 homeless individuals at six different locations, the researchers found them to be young (average age of 37), educated (two-thirds had finished high school), and transient (half had moved to Los Angeles within the last year). There were also many women (23 percent) and children (34 percent of the women said that they said that they had minor children), as well as minorities (49 percent). Almost half the men and 6 percent of the women stated they were veterans, and 21 percent of all the homeless said they were employed.

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*These studies are listed in appendixes I and II.

DIFFICULTIES IN COUNTING THE HOMELESS

Organizations which have conducted surveys of homelessness report many difficulties in locating all individuals in need of shelter because they stay in such places as abandoned buildings, alleys, and underneath bridges, as well as other unconventional places which are not easily located. Also, providing sufficient security for surveyors so that they would be willing to seek out these diverse locations is a problem that may cause some homeless to go uncounted.

Some of these problems were identified by the Emergency Shelter Commission of Boston when it attempted to count all the homeless in Boston on the night of October 27, 1983.[15] The Commission concluded that the survey results were in "no way an absolute representation of Boston's homeless census" because a significant proportion of Boston's homeless individuals and families were not included in the count. This is because, as the Commission noted, the surveyors did not explore dead end alleys or look for homeless people in abandoned buildings, dumpsters, parking garages, or bus and train yards. Also, only a few cars, parked on deserted back streets, were explored for homeless occupants.

In attempting to determine the extent of the homeless population in Connecticut, a Governor's Task Force on the Homeless concluded that:[16]

> ". . . any method utilized would only produce a rough estimate rather than an accurate count. The phenomenon of homelessness, by its very nature, does not lend itself to producing conclusive data. The population is ever-shifting--transients move on, people become unemployed, buildings are condemned, families are evicted and/or overcrowded, people choose to feed their children rather than pay rent."

According to CCNV, even if all homeless people could be located, most would not admit to being homeless. They believe that most homeless people spend a great deal of time and energy trying to remain "invisible" in order to carry out the activities of daily living and to escape threats, violence, and harassment from others who can see their vulnerability. Considering this, few homeless people will admit to anyone, particularly people who appear to represent authority, that they are homeless. CCNV believes that the homeless can be counted only after they have been brought inside shelters and that the only way to bring them inside is to provide "adequate and accessible shelter space, offered in an atmosphere of reasonable dignity."[17]

Other organizations have also reported difficulties in counting the homeless who reside in shelters. The Massachusetts Coalition for the Homeless concluded:[18]

> "It is very difficult to get accurate data beyond the number of beds and types of guests accepted because each [shelter] has a different way of recording or simply observing the number of people requesting shelter. Since there is no one place (such as the local welfare office) where requests are funneled there is no way to interpret whether it is the same people requesting shelter each night from any given shelter in a homeless zone."

In one of the few efforts to conduct a statewide census of the homeless, a study by the New York State Department of Social Services recently reported that there are an estimated 44,000 to 50,000 homeless men and women in New York, with 85 percent of them in New York City. This is based on a nightly average census in 1983 when about 20,200 people used community emergency accommodations across the state. The estimated remaining 20,000 to 30,000 homeless were believed to have slept on the streets, in bus terminals, or on park benches. The report noted, however, that it is impossible to make an accurate count of these individuals.[19]

While the difficulties in obtaining an accurate count at the state or community level are considerable, these problems are magnified when attempts are made to arrive at national estimates. Two efforts have been made, and the results have been reported extensively. Both were based primarily on partial counts and the opinions of local people who deal with the homeless; consequently, the reliability of both estimates is questionable.

The two efforts produced results which vary greatly. HUD reported that on an average night in December 1983 and January 1984 between 250,000 and 350,000 persons were homeless. CCNV estimated that during the winter of 1983-84, there were nearly 10 times the number estimated by HUD or between 2 and 3 million homeless persons each night.

HUD's methodology consisted of four approaches which indicated that the highest estimate possible would be 586,000, which HUD called an "outside estimate," and the lowest, 192,000. After reviewing the results, HUD concluded that "as best as can be determined from all available data, the most reliable range is 250,000 to 350,000 homeless persons."[20] Table 1 shows the results using each of the four approaches:

Table 1

Summary of HUD's Approaches to
Estimating the Number of Homeless Persons Nationwide

Extrapolation from highest published local estimates	586,000
Extrapolation from estimates in 60 metropolitan areas obtained in 500+ local interviews	254,000
Extrapolation of estimates from the national sample of shelter operators	353,000
Shelter population and local area street count or 1980 census street count	192,000 to 267,000

While the estimate developed by HUD is the first systematic attempt to determine the number of homeless persons nationwide, with the exception of three actual physical counts conducted by local groups in Boston, Phoenix, and Pittsburgh, HUD had to rely on estimates based on opinions of persons who had come in contact with homeless persons.[21] As a result, the local interviewees had little empirical data on which to base the estimates which they gave HUD.

Various advocacy groups and shelter providers have raised several concerns about the methodology used by HUD:[22]

(a) A number of interviewees claimed that they were not asked to provide a total homelessness figure for their metropolitan area, but instead were asked for an estimate of a smaller population, such as those in center cities only, in shelters only, or on the streets only.

(b) Some interviewees said that they were not aware of what geographical area their estimates were to cover or that they were not familiar with the homelessness situation outside their immediate neighborhood or locality.

(c) There were claims that HUD discarded or gave lower weight to some of the higher estimates.

(d) HUD's assertion that there was little homelessness outside central cities was questioned by local service providers.

The CCNV estimate has also been challenged. CCNV based its number on a sample of local shelter providers who estimated that

an average of 1 percent of the total population of their locality was homeless. Although the estimates were made for urban areas only, the 1 percent homeless ratio was extrapolated to cover the entire U.S. population (approximately 230 million) and rounded to between 2 and 3 million.[23] Most of these shelter providers had not counted the homeless in their geographic areas; consequently, the CCNV estimates are based on little empirical data. The CCNV numbers are, therefore, only a "best guess" estimate of what some individuals who come in contact with the homeless believe the size of this population to be. Because of this methodology, CCNV acknowledges that the numbers lack scientific reliability.

ESTIMATES FROM STUDIES INDICATE HOMELESSNESS IS INCREASING

Local studies by research organizations, coalitions, and state and local governments frequently attempt to estimate the size of the homeless population in local jurisdictions. These estimates are based on various indicators, including (1) requests for emergency shelter beds and food, (2) services provided applicants for public assistance who list a shelter as their address or cannot furnish an address, (3) arrests and/or observations by police, (4) personal observation of the number of homeless on the streets, and (5) in a few cases, actual efforts to count the homeless on the streets in specific areas of a city.

While not agreeing on the size of the homeless population, there was consistent agreement in the state and local studies we reviewed that it is growing. This was corroborated in the interviews we conducted with shelter operators, researchers, and government officials. However, because of the absence of reliable baseline data, no one has been able to document the magnitude of the increase. The rates of increase nationwide vary from a HUD estimate of 10 percent per year[24] between 1980 and 1983, to a U.S. Conference of Mayors estimate of 38 percent during 1983.[25]

In response to the problems of homelessness, there has been an increase in the supply of shelter beds.[26] HUD estimates that between 1980 and 1984, the number of shelters for the homeless increased by about 66 percent, with more than half of the increase occurring between 1983 and 1984.[27] HUD's estimates were based on telephone interviews with local shelter providers who provided actual counts of available beds.

As a result of the growth in the number of shelters, during the winter of 1983-84, there were 111,000 emergency shelter beds nationwide to house the homeless. Of this number, about 12,000

beds are for runaway youths, 8,000 for battered or abused women, and 91,000 to serve other homeless persons--including single men, single women, and parents with children.[28] Even with this increase in shelter beds, many studies we reviewed, representing cities across the country, reported insufficient shelter capacity. Many also documented the number of homeless they had to turn away on some nights because they were operating at full capacity.

A September 1984 U.S. Conference of Mayors study of 83 cities found that the demand for emergency services--food, shelter, energy assistance, income assistance, and medical assistance--increased during 1984 in more than half of the cities surveyed and is expected to continue to increase during 1985. Nearly three-fourths of the cities reported an increase in the demand for shelter during 1984. Similarly, three-fourths expected a further increase in 1985.[29]

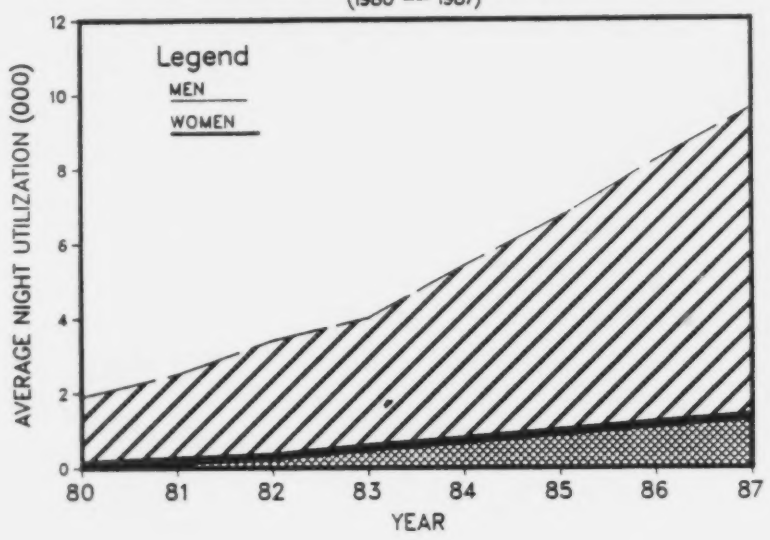
The Mayors' report noted increases in homelessness during 1984 as reported by several cities in their survey:[30]

> "Nearly three out of every four cities responding reported that the demand for food assistance and shelter has increased this year. Sharp increases in the demand for shelter are more widespread, as 28 percent of the cities responding indicate there have been major increases; 19 percent report there have been major increases in the demand for food assistance. Included among those cities citing major increases in the demand for shelter are Anaheim [CA], Anchorage [AK], Berkeley [CA], Columbia [MO], Daly City [CA], Livermore [CA], Los Angeles [CA], Medford [MA], Melbourne [FL], San Francisco [CA], San Mateo [CA], Seattle [WA], and Tucson [AZ]. Just over 20 percent of the cities say the demand for shelter remained the same this year, including Dade County [FL], Evansville [IN], Jacksonville [FL], San Diego and Tustin [CA]. Less than ten percent say it decreased, with Auburn [ME], Providence [RI], and San Leandro [CA] among them."

In a 1984 study examining the needs of homeless adults, the Human Resources Administration (HRA) of New York City reported shelter use over time. (HRA is the city agency responsible for providing shelter to the homeless in accordance with court consent decrees.) HRA shelter bed counts indicate that the average nightly census of adults who used shelter services was 2,023 in January 1980. By January 1984, this had increased to 6,110; HRA projected this would increase to 7,650 in 1985, representing a tripling in shelter use in New York City over this time period.

The city projected that if these trends continue, there would be a need for an additional 1,700 beds in fiscal year 1986, and 1,600 beds in fiscal year 1987 (see chart 1).[31]

CHART 1
AVERAGE NIGHT UTILIZATION OF NEW YORK CITY SHELTERS DURING THE MONTH OF JANUARY
(1980 -- 1987)



Source: Represents actual counts through 1984; projections for 1985 to 1987. Human Resources Administration, New York City Plan for Homeless Adults, April 1984.

HRA did not include a count of homeless families with children who are sheltered in voucher hotels and city-owned apartments in its analysis of trends since 1980. However, an actual count reported that 3,285 homeless families were lodged in city-contracted welfare hotels in January 1985, compared with 2,400 in January 1984.

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In summary, no one knows how many homeless people there are in America because of the many difficulties reported by organizations which have tried to locate and count them. As a result, there is considerable disagreement over the size of the homeless

population. However, there is agreement in the studies we reviewed and among shelter providers, researchers, and agency officials we interviewed that the homeless population is growing. Current estimates of annual increases of the growth in homelessness vary between 10 and 38 percent. The homeless population is also changing and includes an increasing number of the mentally ill as well as a younger population in their mid-30's, and more women, children, and minorities.

CHAPTER 3

FACTORS AFFECTING HOMELESSNESS

In reviewing studies concerning problems in homelessness in cities, counties, and states, we identified multiple factors which appear to work together to contribute to a person becoming homeless. Specifically, of those studies we examined which included primary data collection, 52 addressed the issue of factors contributing to homelessness for the time period 1979 to 1984. These are presented below, ranked by the frequency with which they were identified:

--Increased unemployment.

--Deinstitutionalization of mentally ill persons and the lack of available community-based services for them.

--Increases in personal crises.

--Cuts in public assistance programs.

--Decline in the low-income housing supply.

--Alcohol/drug abuse problems.

Regardless of whether the data were obtained from interviews with the homeless directly or interviews with shelter and other service providers, these factors were consistently cited. Also, our interviews with shelter providers, agency officials, and researchers confirmed these findings. Unemployment and the need for mental health services were the factors most frequently cited as contributing to homelessness. Further, the frequency with which alcohol and drug abuse was mentioned identifies the role these problems continue to play in contributing to homelessness in the 1980's.

MULTIPLE AND INTERRELATED FACTORS CONTRIBUTING TO HOMELESSNESS

Our analysis of factors contributing to homelessness is consistent with two larger studies reporting on the causes of homelessness in 17 major cities. Based on two questionnaires, one sent to shelter providers in 7 major southwestern cities,[1] and another to city officials in 10 of the nation's largest cities,[2] the factors most often cited as contributing to homelessness were (1) unemployment, (2) the decline in the supply of low-income housing, and (3) the deinstitutionalization of mentally ill patients. Two other factors consistently reported were cuts in public assistance programs and personal crises.

Through its nationwide survey of shelter providers and review of local studies, HUD also identified causes of homelessness and their relative importance. HUD concluded that the homeless fall into the following three categories with an unidentified amount of overlap:

(a) "People with chronic disabilities," such as alcoholics, drug abusers, and the chronically mentally ill, composing one-half of the nation's homeless.[3]

(b) "People who have experienced severe personal crises," such as runaways, victims of domestic violence, persons recently released from prison, refugees, or transient persons without resources, composing 40 to 50 percent of the homeless.[4]

(c) "People who have suffered from adverse economic conditions" beyond their control, such as those who have lost their jobs or have been evicted from their homes, composing 35 to 40 percent of the homeless.[5]

An October 1984 report by the New York State Department of Social Services identified similar causes of homelessness:[6]

> ". . . Increasingly, the problem of homelessness is affecting people and families who are in most respects like other poor people, except that they cannot find or afford housing. The homeless transient, the wandering loner who may be alcoholic or mentally disabled, is no longer typical of the great majority of people without shelter. More and more, those sleeping in emergency shelters include parents and children whose primary reason for homelessness is poverty or family disruption. They have arrived in shelters not from the streets but from some dwelling (typically not their own) where they are no longer welcome or where they can no longer afford to stay."

An October 1983 Chicago study concluded that increased homelessness in that city was due to: (a) an unemployment rate of 11.6 percent or 348,588 persons; (b) an increase in the deinstitutionalization of mental patients and ex-offenders; (c) a gap between the General Assistance grant of $144 a month and the minimal subsistence standard of $286 a month as of January 1, 1984; and (d) demolition of 3,000 single room occupancy (SRO) units in the city in the past 2 years.[7]

In summary, in addition to alcohol and drug abuse, five other factors have been consistently identified as contributing to homelessness in the 1980's: increases in unemployment,

deinstitutionalization and the lack of adequate community-based services for the mentally ill, personal crises, cuts in public assistance, and the decrease in the low-income housing supply. These five issues are discussed in more detail below.

INCREASES IN UNEMPLOYMENT

Homeless persons often have a history of poverty; rent increases and/or loss of temporary or marginal jobs could, therefore, result in their not having a place to stay. In a recession, temporary, or marginal jobs are more difficult to obtain since the homeless must compete for the jobs with skilled workers who have recently lost their full-time jobs.[8] The recessions occurring in the late 1970's and early 1980's caused a sizable increase in unemployment. In 1979 the unemployment rate was 5.8 percent; by 1983 the annual rate had jumped to 9.5 percent, having reached a monthly high of 10.8 percent in December 1982. Not only were more people unemployed during that time, but more were unemployed for a long time. In 1979, 460,000 individuals were unemployed longer than 26 weeks. By 1982, that figure had tripled to 1.4 million.

The impact of high unemployment rates on homelessness was addressed in HUD's national survey of shelter providers in January 1984. In that survey, a national sample of service providers estimated that 35 percent of the homeless who resided in shelters "had been jobless for less than 9 months."[9] In a survey of major southwest cities, 6 of the 7 ranked unemployment as the most important cause of homelessness,[10] while all 10 cities included in the U.S. Conference of Mayors study cited unemployment as a major cause.[11] Further, a systematic study of the homeless in Los Angeles County, conducted from December 1983 to May 1984, found that 36 percent of those surveyed reported being homeless as a result of unemployment.[12]

In April 1983, unemployment began a steady decline to 7.5 percent in August 1984 and has fluctuated only slightly since then. In January 1985 the unemployment rate was 7.4 percent. Since this was 1.6 percentage points higher than the pre-recession unemployment rate in 1979, 2 million more people were unemployed in January 1985 than before the recession. However, the decline in the unemployment rate from a high of 10.8 percent to the current 7-percent range should reduce the impact which job loss has had on increased homelessness.

What impact the lower unemployment rate will have on those who are already homeless is unknown, however. Many homeless people acquire new problems from living on the streets (e.g., medical and mental health problems) and may not be able to hold

a job even if a job subsequently becomes available. Also, difficulty in finding a job is compounded for homeless persons who do not have a fixed address or home telephone number. Additionally, the chances that the homeless can find spot labor (a traditional source of earnings) diminishes due to increased competition from other unemployed people who have not lost their homes.[13]

DEINSTITUTIONALIZATION AND THE LACK OF ADEQUATE COMMUNITY-BASED SERVICES FOR THE MENTALLY ILL

Another reason cited for more homelessness has been the increasing trend toward deinstitutionalizing mentally ill people, combined with the lack of community-based services to serve them. In the last 2 decades, many mentally ill people have been released from institutions to receive treatment in the community at places like community mental health centers. However, hundreds of thousands of people have been released without available community services and training to cope with the job market.[14] During the same time, the number of people at risk for the onset of severe mental disorders, such as schizophrenia, has increased dramatically. As the baby boom generation enters the 18- to 35-year-old age group--due to "their overrepresentation in the population--the absolute number of young persons at risk of developing schizophrenia and later, other chronic disorders, may be substantial."[15]

A joint HHS/HUD study found that "depending on the specifications used, estimates of the total number of chronically mentally ill adults in the U.S. range from 1.7 to 2.4 million persons." The HHS/HUD report notes that the term "chronically mentally ill" is "widely used to describe people with severe and persistent mental or emotional disorders that seriously impair their ability to function in their primary social and vocational roles." This study reported that although "most mentally ill individuals . . . can function reasonably well in their home communities" if appropriate services are provided, "deinstitutionalization has taken place in a haphazard fashion without adequate attention to the need for special living arrangements and other support services in the community."[16]

Between 1955 and 1980, the population of state mental institutions decreased by more than 75 percent, from 559,000 to 138,000, even though the total U.S. population increased significantly.[17] Starting in 1963, a system of federally supported community mental health centers was initiated to serve the mentally ill, including those being deinstitutionalized. However, less than 800 of the originally estimated 2,000 community mental health centers needed to provide community care were established.[18] As a result, according to one study, continuity of

care is very difficult to achieve for two groups of persons discharged from state mental hospitals: (1) those who "go again and again through the revolving doors of the service delivery system" and (2) those who "fall through the cracks . . . as they exit from the doors of institutions and become lost to the service delivery system."[19]

Another aspect which compounds the problem of the mentally ill homeless is that criteria for admitting the mentally ill to state hospitals have been tightened. This, coupled with the lack of community-based care and an inability or unwillingness of people to enroll in the existing community programs, means that many mentally ill people have no contact with either a state hospital or a community program.[20] For example, psychiatric exams were performed on 179 persons who were admitted to a Philadelphia shelter during the first 2 months of 1982. Although 151 of them were found to have a mental illness, only 68 reported previous professional psychiatric care.[21] Another study by a psychiatrist at the Harvard Medical School reported in December 1984 that two-thirds of the people who slept in a Boston shelter had serious mental illness or personality disorders. However, only about 30 percent of these people had ever been hospitalized for psychiatric care.[22]

The extent of mental illness among the homeless is difficult to measure. According to an NIMH summary of other surveys, 50 percent of the homeless may have severe and persistent mental disorders, 10 to 15 percent abuse drugs, and 40 to 45 percent abuse alcohol, with a "great deal of overlap between these categories."[23] In 1983 the American Psychiatric Association (APA) established a task force which conducted a major study of the homeless mentally ill. The task force included experts in the field who gathered and reviewed research, data, and knowledge available about the mentally ill homeless. In the winter of 1984, task force members also visited programs providing services to the mentally ill homeless in Boston, New York City, Washington, D.C., Los Angeles, and San Francisco.[24]

The task force concluded that a substantial portion of the homeless are mentally ill men and women who in years past would have been long-term residents of state mental hospitals but now have no place to live. They believed this was caused by discharging patients into communities which were "inadequately prepared or programatically deficient" to deal with them. In addition, they believed that the problem was worsened by states' "admission diversion policies," which did not admit people to hospitals and thus increased the number of chronically mentally ill people who have never been institutionalized.[25]

To deal with this problem, APA recommended a reexamination of the closing of state mental hospitals and the loosening of involuntary commitment rules, on the basis that the "gravely disabled" would be better off in a structured living arrangement than on the streets. The more ideal alternative, according to APA, is to make involuntary commitment procedures more flexible while expanding short- and long-term mental health care and social services for the chronically mentally ill, including the homeless among them.

INCREASES IN PERSONAL CRISES

"Personal crises" are somewhat subjective and personalized conditions. As a result, a personal crisis is often combined with other factors, which together leave a person with apparently nowhere to go but to the streets or shelters. Personal crises include divorce, being released from jail or a hospital with no place to go, being stranded while traveling, domestic violence, fires, and health-related problems. The degree to which personal crises contribute to homelessness is unclear.[26]

Local studies which include personal crises in their surveys found differing degrees of frequency. In a review of local studies done in eight cities, HUD found that those surveyed giving personal crises as the reason for homelessness ranged from 16 percent in Phoenix, Arizona, to 90 percent in Providence, Rhode Island.[27] However, the findings of these surveys have to be considered within the context in which they were conducted. For example, in a study in Baltimore, a shelter for women and children reported providing services to 1,277 people (586 women and 691 children) in 1981 who were homeless due to domestic violence.[28]

A comprehensive survey conducted during the winter of 1984 by the New Jersey State Department of Community Affairs categorized the homeless in 21 shelters by the reasons for their homelessness. The results show that nearly one-third of the homeless were in the shelters as a result of a personal crisis, such as domestic violence, or fire at their residence.[29] In October 1981, the Human Resources Administration of New York City interviewed 128 men who had resided at one city shelter for 2 months or longer to determine who they were and why they had become homeless. Answering a question on why they had come to the shelter, 29 percent of those interviewed responded "can't stay with family," and 3 percent responded "hospital discharge." A total of 22 percent said that the reason they were not currently employed was "poor physical health."[30]

A study profiling all men newly seeking lodging and food in New York City during a 1-month period in 1982 indicated that personal crises could have been the cause. They found 41 percent of the men reported having spent the night before they entered a shelter either in their own apartments or with friends or family members,[31] thus indicating that some personal crisis may have precipitated their need for shelter.

On a single night in June 1984, HRA again asked similar questions of all persons in three of the city's shelters. A total of 922 of the 939 shelter users completed interviews, including 791 men and 131 women. Approximately one-quarter said that they had come to the shelters because they either were no longer welcome at their previous lodging place or had been released from an institution and had nowhere to go. Physical problems were cited by 11 percent as the reason they currently were not working.[32]

CUTS IN PUBLIC ASSISTANCE

Another reason identified as contributing to the increase in homelessness was the cuts in public assistance programs. During the early 1980's, various pieces of legislation were enacted in response to initiatives to reduce the percentage of the federal budget earmarked for domestic programs. Most notably, through the Omnibus Budget Reconciliation Act of 1981, eligibility standards were tightened and the rate of growth in some programs was cut. Other programs have been merged or eliminated. The Urban Institute estimated in a recent report that federal spending for social programs will be about 9 percent--$38 billion--less in fiscal year 1985 than it would have been under pre-1981 policies.[33]

There has been some analysis showing the link between these federal budget cuts and poverty on a national basis. In a recent study of this issue, Mathematica Policy Research (in an analysis for the Congressional Research Service published in July 1984) estimated that between 557,000 and 587,000 more people were in poverty in 1982 as a result of the federal budget cuts enacted in the Omnibus Budget Reconciliation Act of 1981.[34] However, the effect of budget cuts on the increase in homelessness has not been quantifiably demonstrated.

In one survey, city officials in New York City, Denver, and Columbus, Ohio, attributed some of the increase in homelessness to the increased number of reexaminations of persons receiving SSI and SSDI--mandated by Public Law 96-265--and the resulting terminations.[35] Nationwide, an estimated 491,300 people were

dropped from these programs; however, more than 200,000 of those dropped have been reinstated upon appeal. When the Social Security Administration (SSA) began increasing the number of reexaminations, many individuals were reportedly dropped from SSDI and SSI because it was determined that they could perform some type of work. Lacking a regular source of income, some of those terminated may have become homeless, if they were unable to find and hold a regular job due to their illness.

In October 1984, the Congress enacted and the President signed the Social Security Disability Benefits Reform Act (Public Law 98-460). This new law includes a provision which generally does not permit SSA to terminate SSDI or SSI benefits on the basis that the disability has ended unless the beneficiary has medically improved and can work. Another provision in Public Law 98-460 requires a revision of the medical evaluation criteria used by SSA in deciding disability for those who claim mental impairments. A third provision requires that SSA offer beneficiaries who appeal a decision that they are no longer disabled an opportunity to have benefits continue through a review by an administrative law judge. The law did not, however, order SSA to reinstate any former recipients on the rolls.

State general assistance programs are viewed as perhaps the "last line of defense" for the potentially homeless, since these are the only programs which provide cash assistance to nondisabled and nonaged single persons. State governments, however, since the early 1980's, have been reducing their general assistance programs, by either cutting benefits or tightening eligibility standards.

A frequently cited change in these programs is Pennsylvania's decision to reduce the number of monthly general assistance payments to able-bodied single persons under the age of 65 from 12 payments in any 1 year to 3. Emergency service providers report that during the three-quarters of the year that beneficiaries do not receive payments, many subsequently turn to the shelters as the only available source of housing. One state has gone even further and dropped its entire general assistance program. Only one state has increased its program, which was accomplished by changing the eligibility standards.[36] Further, few general assistance programs give aid to those who have no address or are residing in temporary shelters.

DECLINE IN THE LOW-INCOME HOUSING SUPPLY

Another reason for the rise in homelessness cited in the studies we reviewed is the decline in the supply of low-income

housing.[37] The traditional stopping point just prior to becoming homeless for many has been SRO hotels (more commonly called cheap hotels, or temporary room and board facilities). One study found that nationwide 1 million SRO units were lost during the 1970's, representing nearly one-half of the total supply.[38] The loss of low-income housing--including SRO units--may have been particularly severe for the mentally ill. A 1979 report estimated that 300,000 to 400,000 "chronically mentally ill persons" reside in boarding homes, such as rooming houses and SROs.[39] A 1984 study found that New York City lost 32,000 SRO units from 1978 to 1982.[40]

Other statistics also point toward a decline in affordable housing available to the poor. We analyzed the percentage of income paid by low-income households for rent and found an upward trend in the number and proportion of these households who face high rent burdens. In 1975, 2 million low-income households spent over 70 percent of their income for rent. This number rose to 3.1 million in 1981 and to 3.7 million in 1983. The proportion of low-income renters paying over 70 percent of income for rent also increased during that time from 21 percent in 1975 to 25 percent in 1981 and 30 percent in 1983. (Low-income households were defined as those earning 0 to 50 percent of median income.)[41]

A variety of reasons explain the decline in low-income housing, including high interest rates, greater profits available for other types of construction, rent control, neighborhood opposition to public housing, declining federal subsidies for both developers and tenants, downtown redevelopment, condominium conversion, income tax provisions and high property taxes encouraging owner abandonment of housing, and neighborhood crime, including arson.[42] A survey of 66 cities by the U.S. Conference of Mayors in 1984 found that the most frequently cited reason for a decreasing supply of housing for low-income renters was decreased construction. The second most frequently cited reason was increased demand from higher income renters, as shown in table 2.[43]

There has also been a decline in support at the federal level for low-income housing. The Urban Institute estimated that in 1984, about 4.6 million households participated in federal housing subsidy programs at a cost to the federal government of about $10 billion.[44] However, since 1980, the federal government has been shifting its low-income housing aid away from subsidies for constructing and operating public housing in favor of providing vouchers for persons to find existing rental housing on the private market.[45]

Table 2

Number of Cities Ranking Causes of Declining Housing Stock for Lower Income Renters

	Ranking of causes					Cities not ranking this cause*
	1st	2nd	3rd	4th	5th	
Decreased construction	13	15	1	2	2	33
Increased demand from higher income renters	10	8	7	8	1	32
Other	9	2	2	1	3	49
Demolition	4	6	9	7	2	38
Conversion	0	1	10	9	8	38

*A number of cities responded that they could not differentiate the importance of the causes.

Source: U.S. Conference of Mayors. Housing Needs and Condition in America's Cities, p. 11.

These changes have been made, according to HUD, due to the expense and difficulty of adequately maintaining public housing units. Presently, HUD is not funding new construction of public housing units and over the past year has reduced operating subsidies for public housing authorities. At the same time, a new government housing voucher demonstration program approved for operation in fiscal year 1984 has not been implemented. However, HUD officials report that the program will begin in April 1985.

According to recent research, the federal housing aid cuts have limited the number of program participants and required tenants to pay out a larger share of their income for housing. Researchers believe that further cuts will accelerate the decline in the number of low-income housing units.[46] The Urban Institute estimates that the number of newly assisted households has fallen from an average of about 300,000 during 1976-80 to 100,000 during 1981-84. The Institute also estimates that there will be about 1 million fewer households receiving housing aid, and "about 300,000 more families [will live] in substandard housing at the end of 1985, than there would have been under a continuation of" pre-1981 policies.[47]

- - - -

In summary, there are interrelated factors contributing to homelessness in the 1980's. The most often cited, in addition to the historical factor of alcohol and drug abuse, include

increases in unemployment; deinstitutionalization of mentally ill people combined with stricter criteria for admissions to mental hospitals and the lack of community-based facilities to provide care to the mentally ill; increases in personal crises; cuts in public assistance programs for the poor; and the decline in the housing supply affordable to low-income people. Even with an upturn in the economy, which has tempered the unemployment issue, several problems remain which could contribute to continued problems in homelessness. These include a continued decline of low-income housing, and insufficient community-based mental health services.

Section V. "The Homeless: Myths vs. Reality"
Democratic Study Group

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HON. MIKE LOWRY (Wash.) - Chairman RICHARD P. CONLON — Executive Director

SPECIAL REPORT

No. 100-3 February 18, 1987

The Homeless: Myths vs. Reality

There are more homeless people in America today than at any time since the Great Depression. Despite the last four years of economic recovery, the homeless population has been growing at the rate of about 25% a year, and the number of homeless is expected to increase still further unless action is taken.

The explosion in the number of homeless Americans has outrun the ability of local governments and charitable organizations to cope with the problem. Cities across the country report that homeless people -- including families with children -- are routinely being turned away from emergency shelters due to the lack of space.

Efforts to deal with the homeless crisis have been hampered by persistent myths about who the homeless are, why they are in such a desperate situation, and what can be done to help them. This report addresses the major misconceptions about the homeless, countering myths with facts about the true nature of the homeless crisis.

This report contains the following sections:

page

I. Background and Summary 1

II. Myths About the Homeless 3

DSG Contact: Marge Capron

Section I

BACKGROUND AND SUMMARY

The problem of homelessness has reached crisis proportions in this country over the last few years. Common stereotypes misrepresent the growing homeless population, as they are families with children, newly unemployed, victims of family breakup, and working poor, as well as those suffering from chronic mental illness and drug and alcohol abuse.

During the 1980s, homelessness has been growing at a rate of about 25% a year, and this trend is projected to continue unless new action is taken. Homelessness now affects every region and every type of community -- downtowns, suburbs, and rural areas. No state is exempt from the problem.

In response to this national crisis, House Democrats have made homeless relief legislation a top priority for the 100th Congress.

On January 21, the Democratic Steering and Policy Committee adopted a resolution urging prompt enactment of legislation and appropriations to care for the homeless. The Committee also created a Leadership Task Force on the Homeless, chaired by Rep. Lowry, with the mandate to ensure swift action.

SUMMARY

Myths About the Homeless

Widely held perceptions of the homeless no longer match reality, as the problem has changed so rapidly and fundamentally in the past decade. These outdated stereotypes have become myths which undermine efforts to effectively deal with the homeless crisis.

There are six major myths which perpetuate a distorted picture of the homeless. These myths are: 1) Most of the homeless have always lived this way; 2) The homeless are almost entirely made up of single adults; 3) The vast majority of the homeless are the chronically mentally ill, who generally choose to be homeless; 4) State and local governments and charitable organizations have the resources to handle the homeless problem; 5) Economic growth will solve the problem; and 6) The Federal Government cannot afford to deal with the homeless.

The following facts about the homeless problem contradict each of these myths:

* Most of the homeless have become homeless only in recent years;

* Families with children are the fastest growing group among the homeless, now comprising almost one-third of the homeless population;

* The mentally ill are not a majority of the homeless, and most mentally ill homeless have not chosen to live that way;

* Existing shelter programs are already filled beyond capacity, despite the best efforts of charitable organizations and local governments to create more shelters;

* There is no correlation between an expanding economy and solving the homeless problem. In fact, the fastest growth in homelessness has occurred during the current economic recovery; and

* Modest and targeted federal funding can greatly improve the lives of the homeless without straining the budget.

Proposed Legislation

The major homeless bill that is expected to move rapidly to the House Floor was introduced by Majority Leader Foley and Rep. McKinney, cosponsored by 100 other Members, and endorsed by the House Democratic Leadership. The bill (H.R. 558, Urgent Relief for the Homeless Act) would authorize $500 million in new budget authority in FY 1987 for a variety of homeless relief programs.

The Leadership bill authorizes additional FY 1987 funding for an existing emergency food and shelter program, an ongoing program for rehabilitating buildings into shelters, support services for the homeless at group homes, rental certificates for low-cost rental housing, mental and other health programs for the homeless, and the conversion of surplus government property into homeless facilities.

The Leadership Homeless bill is an emergency measure for the current fiscal year. Rep. Leland has introduced an omnibus bill (H.R. 286) that places more emphasis on long-term solutions by improving the access of the homeless to various assistance programs and by adopting policies to prevent future homelessness.

Additional bills introduced by other Members use AFDC Emergency Assistance funds to create new emergency shelters as well as permanent housing for the homeless, provide authorization for homeless aid programs in FY 1988, and authorize federal grants for the start-up or expansion of shelter and recovery centers.

* * *

Section II

MYTHS ABOUT THE HOMELESS

Understanding the problem of the homeless has been hampered by persistent myths about who the homeless are, why they are in such a desperate situation, and what can be done to help them. This section addresses the major misconceptions about the homeless, and counters each myth with facts which show the true nature of the problem.

MYTH: Most of the homeless have always lived this way.

FACT: Most of the homeless have become so only in recent years. Since 1980, the homeless population has been growing at a rate of about 25% a year. As a result, homelessness is now a crisis affecting people of all ages in all regions of the country. There are more homeless people in the United States today than at any other time since the Great Depression.

The explosive growth in the numbers of the homeless has changed the overall nature of that population. Unlike the 1960s, "skid row derelicts" no longer comprise the typical homeless population. Instead, today's homeless population has become very diverse -- including families with children, newly unemployed, victims of family breakups, and working poor, as well as the chronically mentally ill and those suffering from various forms of drug abuse.

The increasing number of working poor who are homeless due to the shortage of affordable housing is a particularly striking example of recent changes in the makeup of the homeless population. Contrary to their stereotype, almost one out of five of the homeless are working.

Many of the "new homeless" recently led normal lives -- with jobs, families, and homes -- until a reversal of fortune landed them on the street. Many never expected that such a thing could ever happen to them, and are deeply shamed by the experience. Because of this, the "new homeless" are often less visible than those for whom homelessness has longer been a way of life.

* *

MYTH: The homeless population is made up almost entirely of single adults.

FACT: Families with children account for almost one-third of all the homeless, and are the fastest growing group among the homeless population. In many cities, families with children represent the majority of the homeless. For example, families comprise 76% of the homeless in New York City, 52% in Portland, and 50% in Philadelphia. Their numbers are swollen by factors such as the shrinking supply of affordable housing, lower public assistance benefits, family breakups, and domestic violence.

Despite the growing number of homeless families, local officials often find it very difficult to meet their needs. The U.S. Conference of Mayors reports that families with children are the group most often turned away from temporary shelters, because few of these shelters are designed to handle families. Some city officials report families being forced to sleep in cars and abandoned buildings due to the shortage of appropriate shelters; and some officials report that their cities have no facilities for families, and that families must always be separated in order to be sheltered.

Clearly, homeless families represent a major part of the homeless population, and current programs have been unable to adequately care for them.

* *

MYTH: The vast majority of the homeless are the chronically mentally ill, who for the most part choose to be homeless.

FACT: Recent data show that only 29% of the total number of homeless are mentally ill, although the percentage varies widely from area to area. For example, it is estimated that 45% of the homeless in San Francisco are mentally ill, while only 10% of the homeless in Norfolk, Virginia suffer from mental illness.

The misperception that most of the homeless are mentally ill is probably due to their high visibility. Because of their illness, the mentally ill are less likely to strive to be hidden from public view. Hence, it is difficult to walk the streets of any major American city without encountering an obviously disturbed individual. However, for each such homeless person, there are more than two others without mental health problems.

There is also no evidence that the majority of these mentally ill homeless choose to live this way. Certainly, some do refuse help and apparently choose life on the street. However, experts indicate that the number of mentally ill willing to receive assistance far exceeds the available assistance. For example, one study in Philadelphia showed that greater than 84% of the homeless mentally ill voluntarily agreed to take medication for their conditions.

Mental health systems clearly have not reached out or adapted to meet the needs of the homeless. The assumption that mental health services will be rejected by the homeless has prevented the development of flexible, nonthreatening, and accessible programs targeted at the homeless.

* *

MYTH: State and local governments and charitable organizations have the resources to handle the homeless problem.

FACT: There is extensive evidence that the dramatic increase in homelessness has outrun the ability of local governments and charitable organizations to keep pace with the problem.

The U.S. Conference of Mayors reported last December that 72% of the 25 cities surveyed are routinely turning away homeless people from emergency shelter programs because of a lack of beds or space. The report showed that about one-fourth of the need for emergency shelter is going unmet.

In the same study, 52% of the cities routinely turn away homeless people from emergency feeding programs because of a lack of food. On average, city officials estimate that they cannot meet 23% of the need for emergency food.

The homeless are being turned away despite local shelters' best efforts to keep up with demand. The average city in the survey increased its shelter capacity by 15% last year, yet every one of the cities was having difficulty meeting the increased demand. In some cases, homeless people sleep on the floors of the shelters because of bed shortages. In some cities, such as Phoenix, half of all the homeless seeking emergency shelter cannot be accommodated.

* *

MYTH: Economic growth will solve the homeless problem.

FACT: There seems to be no relation at all between the expanding economy and solving the homeless problem. In fact, it has been precisely during the four-year economic recovery that began in 1983 that the homelessness problem has reached crisis proportions.

In last December's U.S. Conference of Mayors report, many cities commented that there was no correlation between the economic recovery and reducing homelessness. They pointed out that the recovery has done nothing to increase the supply of affordable housing or to provide jobs for the marginally employed or the chronic poor. Specifically, 88% of the cities surveyed said that the economic recovery had not helped the homeless in their cities. Some local officials observed that the recovery simply had widened the gap between rich and poor, and had made it even more difficult to move out of the poverty level.

* *

MYTH: The Federal Government cannot afford to deal with the homeless.

FACT: Even very limited federal funding would have a large impact in helping to ensure that the homeless are sheltered and fed. Modest, achievable proposals can make a very real difference in the lives of the homeless.

The amounts of federal funds that are being discussed to address the homelessness crisis are minimal when compared to the overall size of the federal budget. For example, the $500 million cost of the Democratic Leadership bill (H.R. 558; see Section III) is less than half the cost of one Trident submarine.

None of the proposals before Congress would establish another federal bureaucracy to administer relief programs. The homeless aid legislation introduced in the House funnels additional dollars largely to existing programs being run by charitable organizations and local governments. These programs, often run by volunteers, have already demonstrated that their dollars are used for direct benefits to the homeless. Administrative overhead is kept to a minimum.

Furthermore, federal dollars spent now can avoid higher costs to the Federal Treasury later. For example, initiatives taken now, to prevent the growing number of families and working poor from becoming homeless in the first place, will reduce future public expenditures to help move these people back into mainstream society. Studies have shown that every additional week spent without a home tends to create further dependency, only adding to the ultimate bill paid by American taxpayers. With homelessness getting worse by the month, it makes fiscal sense for the Federal Government to target resources to reverse this trend before the cost in lives and dollars gets still worse.

Finally, providing the minimum needed for survival is one of the core responsibilities of government. Just as the Federal Government has a responsibility to protect the country against foreign attack, it also has a responsibility to assure that everyone can be sheltered and fed, at least at minimum levels. While some government programs should be curtailed or eliminated in the face of budget deficits, giving people a place to sleep at night and food to survive are not "luxury items" in a decent society. The United States, as the world's richest democracy, can surely provide its citizens with the basic requirements for physical survival.

* * *

Section VI. Federal Funding

A. "Programs and Funding for the Homeless Enacted in the 100th Congress" CRS Report for Congress

B. Stewart B. McKinney Homeless Assistance Act Appropriations 1989

CRS REPORT FOR CONGRESS

PROGRAMS AND FUNDING FOR THE HOMELESS ENACTED IN THE 100TH CONGRESS

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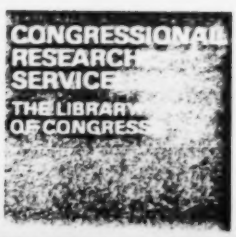
January 26, 1988

Revised
February 12, 1988



ABSTRACT

This report provides a brief review of the programs and services specifically benefiting homeless persons that have been enacted by the 100th Congress, as well as FY87 and FY88 funding levels for these programs. The primary piece of legislation that authorizes these programs is the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77). The appropriations for these programs come from the Continuing Resolution for FY88 (P.L. 100-202), the Supplemental Appropriations Act for FY87 (P.L. 100-71) and earlier appropriations (P.L. 99-591 and P.L. 100-6).

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PROGRAMS AND FUNDING FOR THE HOMELESS ENACTED IN THE 100TH CONGRESS

INTRODUCTION

This report provides a brief review of the programs and services specifically benefiting homeless persons that have been enacted by the 100th Congress. The programs presented in this report are not an exhaustive list of programs that serve the homeless, but they do constitute the major programs earmarked for homeless people. The primary piece of legislation that authorizes these programs is the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77). The appropriations for these programs come from the Continuing Resolution for FY88 (P.L. 100-202), the Supplemental Appropriations Act for FY87 (P.L. 100-71) and earlier appropriations (P.L. 99-591 and P.L. 100-6). Most of the FY87 appropriated funds are available for expenditure through FY88. A table of FY87 and FY88 funding levels is presented in the appendix.

BACKGROUND

Homeless individuals have become more visible in recent years, and their growing numbers are heightening public awareness. Media coverage continues to increase, aided in part by celebrities who have dramatized the condition of those without shelter. Observers initially characterized the homeless as a mostly male phenomenon that was predominately substance abusers and the deinstitutionalized mentally ill, but this view is changing. Researchers note among the homeless individuals those who suffer from chronic unemployment and

have other economic problems and those displaced by changes in the housing market, e.g., gentrification. Homelessness has become a national problem as it reaches out to affect a broader segment of society, including families with children, and the "working poor."

The actual incidence of homelessness remains unknown. By the very nature of their situation, the homeless elude enumeration. Estimates generally range from a quarter of a million to 3 million people. Charitable, religious, and local community groups traditionally operate the missions, shelters, and soup kitchens that serve the homeless. These groups and local governments consistently have reported increases in the need for emergency food and shelter over the past few years and acknowledge that they have had to turn away homeless people because the groups' resources are insufficient to meet the growing demand.

Past Congresses responded to the increased public concern with legislation that may best be described as "emergency" in nature. The major programs that resulted were the Emergency Food and Shelter Program funded through the Federal Emergency Management Agency (FEMA) and the Temporary Emergency Food Assistance Program (TEFAP) administered by the Department of Agriculture. Laws also were modified to make it easier for homeless individuals to benefit from existing Federal programs, e.g., making Medicaid, Aid for Dependent Children (AFDC), and Supplemental Security Income (SSI) available to otherwise qualified persons who lacked a fixed home or mailing address.

When the 100th Congress began, legislative efforts to expand assistance to the homeless were among the first items on the agenda. With several committees working simultaneously on various programs for the homeless, both chambers of Congress produced comprehensive legislation. The result was the Stewart B.

McKinney Homeless Assistance Act of 1987 (P.L. 100-77). This authorizing law has been buttressed by the passage of several key appropriations laws.

MAJOR FEDERAL PROGRAMS

There is no single Federal entity responsible for matters related to the homeless. Although the Stewart B. McKinney Homeless Assistance Act established the Interagency Council on the Homeless, the programs providing services are administered by a variety of departments and agencies. The programs in this report are arranged according to the department or agency that is responsible for the activity. Where appropriate, the official announcements of the availability of FY87 funds are cited.

Federal Emergency Management Agency

Emergency Food and Shelter Grants (title III, subtitle B of P.L. 100-77) are administered by a National Board comprised of representatives from the Federal Emergency Management Agency (FEMA), the United Way of America, the Salvation Army, the National Council of Churches of Christ in the U.S.A., Catholic Charities U.S.A., the Council of Jewish Federations, Inc., and the American Red Cross. This board allocates monies to local jurisdictions according to guidelines and a formula that it determines. The monies, in turn, are distributed to private nonprofit organizations and public service agencies that provide emergency food and shelter to homeless persons. Local boards that are composed of representatives from the same organizations on the

National Board handle the local distribution. FY87 monies have been distributed, and announcements for the FY88 monies were mailed out to the local boards on December 15, 1987. 1/

Housing and Urban Development

Emergency Shelter Grants Program (title IV, subtitle B of P.L. 100-77) authorizes grants to States, local governments and private non-profit organizations providing assistance to homeless individuals according to the Community Development Block Grant program formula. Eligible activities include: renovating or converting buildings for use as emergency shelters; providing essential services concerned with employment, health, drug abuse or education (if not provided by local government and not to exceed 15 percent of assistance); and covering the cost of maintenance, insurance, utilities and furnishings. Each grantee is required to supplement the grant with an equal amount of funds from other sources. Guidelines and notices announcing the availability of funds were issued in the fall of 1987. 2/

Supportive Housing Demonstration Program (title IV, subtitle C of P.L. 100-77) authorizes financial and technical assistance to States, local governments and private non-profit organizations for the provision of transitional housing and supportive services for the homeless, including permanent housing for homeless handicapped persons, who are capable of moving into independent living. Under the program, an eligible shelter operator may receive an interest-free advance of up to $200,000 to acquire or rehabilitate an existing

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1/ Telephone conversation with Fran McCarthy, Staff to FEMA Emergency Food and Shelter Board, Washington, Jan. 13, 1988.

2/ Federal Register, v. 52, Sept. 4, 1987. p. 33790-33794; Federal Register v. 52, Oct. 19, 1987. p. 38864-38875; Federal Register, v. 52, Nov. 6, 1987. p. 42664-42681.

building, a grant for moderate rehabilitation of an existing building, annual payments of up to 75 percent of a shelter's total operating costs, and technical assistance in developing supportive housing and services. Except in certain cases, there is a 50 percent (cash or in-kind) matching requirement for advances and grants to rehabilitate facilities. Guidelines for the program were published in June, 1987. The notice of the availability of funds was published in the Federal Register on September 3, 1987. 3/

Supplemental Assistance for Facilities to Assist the Homeless (title IV, subtitle D of P.L. 100-77) authorizes awards to States, cities, urban counties, tribes, or private nonprofit organizations to 1) cover costs in excess of assistance provided under the emergency shelter grant or the supportive housing demonstration programs, or 2) provide comprehensive assistance for particularly innovative programs or alternative methods of meeting needs. To the extent practical, at least 50 percent of the funds are to support projects which primarily benefit homeless elderly individuals and homeless families with children. To the extent practical, the Secretary also is required to distribute funds equitably across geographic areas. The Secretary is required to coordinate this program with the Department of Health and Human Services (DHHS). Notice of the availability of funds was published on October 19, 1987. 4/

Assistance for Single Room Occupancy (SRO) Dwellings (title IV, subtitle E of P.L. 100-77) authorizes competitive awards for the rehabilitation of SROs to be used solely to house the homeless. A single city or urban area may not receive more than 10 percent of the available funds. Awards are limited to $14,000 per SRO unit plus the cost of meeting local fire and safety codes.

3/ Federal Register, v. 52, Sept. 3, 1987. p. 33536-33540. Federal Register, v. 52, June 9, 1987. p. 21743-21770.

4/ Federal Register, v. 52, Oct. 19, 1987. p. 38880-38898.

This provision increases the budget authority for each of FY87 and FY88 for the moderate rehabilitation of housing as described in section 8(n) of the United States Housing Act of 1937 for occupancy of homeless individuals. Notice of the availability of funds was published on October 15, 1987. 5/

Identification and Use of Surplus Federal Property (title V of P.L. 100-77) authorizes Housing and Urban Development (HUD) to locate underutilized Federal property that might be converted into housing for homeless individuals and authorizes General Services Administration (GSA) and DHHS to make the buildings available to States, local governments and non-profit agencies. Title V also authorizes GSA to make surplus personal Federal property, (e.g., clothing, bedding), available to organizations that serve homeless persons. Title V does not authorize any appropriations for this program.

Health and Human Services

Health Services for the Homeless (title VI, subtitle A of P.L. 100-77) authorizes grants through the Health Resources and Services Administration to public and non-profit private entities for delivery of outpatient primary health services and substance abuse services to homeless individuals. Preference is given to those entities experienced in providing primary care, health services and substance abuse treatment to homeless people. The amount of the grant is not to exceed 75 percent of the total costs of providing health services under the grant. The notice of the availability of funds was published in the Federal Register on August 27, 1987. 6/

5/ Federal Register, v. 52, Oct. 15, 1987. p. 38380-38387.

6/ Federal Register, v. 52, Aug. 27, 1987. p. 32347-32349.

Community Mental Health Services for the Homeless (title VI, subtitle B, sec. 611, of P.L. 100-77) authorizes a block grant to the States to provide outpatient mental health services to homeless people who are chronically mentally ill. Funds are allocated to States on the basis of each State's proportion of population living in urbanized areas with no State receiving less than $275,000. Letters announcing the availability of funds were sent to the governors on September 29, 1987. 7/

Community Mental Health Demonstration Projects for Homeless Individuals who are Chronically Mentally Ill (title VI, subtitle B, sec. 612 of P.L. 100-77) authorizes demonstration grants to States, local governments and private non-profit organizations to provide community-based mental health services to homeless individuals who are chronically mentally ill. The notice of the availability of funds was published in the Federal Register on September 22, 1987. 8/

Community Demonstration Projects for Alcohol and Drug Abuse Treatment of Homeless Individuals (title VI, subtitle B, sec. 613 of P.L. 100-77) authorizes grants, contracts and cooperative agreements to community-based public and private non-profit entities to develop and expand alcohol and drug abuse treatment services for homeless individuals. At least 1.5 percent of the funds are to be allocated to Indian tribes. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) plans to award this FY87 money in FY88. 9/ As of January, 1988, no announcements have been made.

7/ U.S. Department of Health and Human Services. Report to Congress. Implementation of the Stewart B. McKinney Homeless Assistance Act, Oct. 1987. p. 12.

8/ Federal Register, v. 52, Sept. 22, 1987. p. 35587-35588.

9/ U.S. Department of Health and Human Services. Report to Congress. Implementation of the Stewart B. McKinney Homeless Assistance Act, Oct. 1987. p. 12.

Emergency Community Services Homeless Grant Program (title VII, subtitle D of P.L. 100-77) authorizes additional Community Service Block Grant (CSBG) funds to be allocated to States according to the same formula set forth in the Community Services Block Grant Act. The States ensure that 90 percent of the funds are to be awarded to community action agencies or other CSBG grantees already providing services to the homeless. Letters announcing the availability of funds were sent to the governors on September 16, 1987. 10/

Study of Youth Homelessness (title VII, subtitle E of P.L. 100-77) authorizes demonstration grants to be awarded by the Secretary for a recipient to research the underlying causes of youth homelessness. Congress has indicated that the grant is not to exceed $50,000 of funds appropriated for FY87 under section 426 (child welfare research, training and demonstration projects) of the Social Security Act. DHHS plans to award this contract on or about April 30, 1988. 11/

Education

Adult Education for the Homeless (title VII, subtitle A, sec. 702 of P.L. 100-77) authorizes a program of "Statewide Literacy Initiatives" for grants to the States to develop a plan and implement a program of literacy training and basic skills remediation. The States, in turn, coordinate these programs with community-based organizations, VISTA recipients, adult basic education program recipients and nonprofit literacy-action groups. Funds are allocated according to an assessment of each State's homeless population with each State receiving at least $75,000. As of the date of this report, no announcements regarding the availability of funds have been made.

10/ Ibid., p. 7.

11/ Ibid., p. 22.

Section 701 of the Stewart McKinney Act also amends the Adult Education Act to add homeless individuals as a category for funding in research and demonstration programs.

Education for Homeless Children and Youth (title VII, subtitle B, of P.L. 100-77) authorizes grants for the States to establish an Office of Coordinator of Education of Homeless Children and Youth in each State to assure that homeless children have access to public education. Funds are distributed in proportion to the allocations for chapter 1, Programs for the Education of the Disadvantaged, authorized under the Education Consolidation and Improvement Act of 1981, with each State receiving at least $50,000. The announcement of the availability of funds was made January 6, 1988. 12/

Section 723 of the Stewart McKinney Act allows for grants to State and local educational agencies for exemplary programs and the dissemination of information.

Labor

Job Training for the Homeless (title VII, subtitle C, of P.L. 100-77) authorizes a demonstration grant program in which the Secretary of Labor awards monies to States, local public agencies, private nonprofit organizations, private businesses and other appropriate entities. No statutory formula governs the distribution of funds; awarding of fund is at the Secretary's discretion. Authorized activities include: basic skills instruction; remedial education activities; basic literacy instruction; job search activities; job counseling; job preparatory training; and other activities described in section 204 of the Job Training Partnership Act. A portion of the funds authorized for FY88 for this activity is earmarked for the Homeless Veterans' Reintegration Projects. Also, 1.5 percent of the total is earmarked

12/ Federal Register, v. 53, Jan. 6, 1988. p. 270-271.

for Indian tribes' use. Labor plans to announce a solicitation for the available funds in March or April of 1988. 13/

Homeless Veterans' Reintegration Projects (title VII, subtitle C, sec. 738 of P.L. 100-77) authorizes grant or contract programs to expedite the reintegration of homeless veterans into the labor force. It is administered through the Assistant Secretary of Labor for Veterans' Employment and Training under the general authority of the Secretary of Labor. The Department of Labor expects to announce the availability of funds by March of 1988. 14/

Agriculture

Food Stamp Program (title VIII, subtitle A, of P.L. 100-77) is an ongoing program administered by the U.S. Department of Agriculture's (USDA) Food and Nutrition Service. Normally, food stamps are used to purchase food for home preparation; however, homeless individuals may use their food stamps to purchase meals served by a public or private nonprofit establishment that feeds homeless persons as a result of P.L 100-77. Such homeless meal providers must receive Federal approval in order to accept food stamps in return for meals provided to homeless persons. The Stewart McKinney Act requires expedited service (within 5 days of application) for homeless persons and authorizes outreach efforts to homeless individuals.

Temporary Emergency Food Assistance Program (TEFAP) (title VIII, subtitle B, of P.L. 100-77) authorizes the extension of TEFAP which is administered by the USDA through FY88. TEFAP allocates federally-donated foods and some administrative funding to the States. The States, in turn, handle the approval and oversight of local agencies that distribute the food to needy persons,

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13/ Telephone conversation with John Heinberg, Employment and Training Programs, Department of Labor, Jan. 20, 1988.

14/ Telephone conversation with Ray Cloutier, Veterans' Employment and Training Programs, Department of Labor, Jan. 20, 1988.

including the homeless. The States also set the criteria for program participation; though, such criteria must reflect low income. The Stewart McKinney Act authorized additional food distributions for FY88; however, the Agriculture Department recently has announced reduced acquisition of selected commodities which may affect the availability of federally-donated foods.

Veterans Administration

Community-Based Psychiatric Residential Treatment for Chronically Mentally Ill Veterans (P.L. 100-6) authorizes funds for projects in Veterans Administration (VA) medical centers and outpatient clinics for outreach and for contract services to treat homeless veterans who are mentally ill. P.L. 100-6 does not stipulate a formula for allocating monies for this provision. In May of 1987, the VA initiated this program in 43 VA medical centers around the country. 15/

Domiciliary Care Program (P.L. 100-71) is an ongoing program for veterans. In the FY87 Supplemental Appropriation Act (P.L. 100-71), Congress designated funds for the conversion of existing underutilized space in VA medical centers to be used as domiciliary care for chronically mentally ill homeless veterans. Monies are allocated to those VA medical centers located in urban areas that have a concentration of homeless people. The VA issued a request for proposals in July and approved 10 new domiciliary care programs to serve homeless veterans on October 1, 1987. 16/

15/ Letter and accompanying reports from Burt L. Talcott, Associate Deputy Administrator for Congressional Affairs, Veterans Administration, to Hon. Samuel R. Pierce, Jr., Secretary, Department of Housing and Urban Development, Oct. 15, 1987.

16/ Ibid.

Other Services

In addition to those programs newly authorized or amended by the 100th Congress, Federal programs such as Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), Medicaid, and others are potential sources of aid to homeless persons. For more information on these, see The Homeless: Overview of the Problem and the Federal Response by Susan Schillmoeller and Karen Spar, CRS Report for Congress (87-927 EPW).

FOR ADDITIONAL READING

The following are selected references. For more extensive lists of readings see Homelessness in the United States: Bibliography in Brief, 1985-1987 by Edith Sutterlin, Congressional Research Service. U.S. Library of Congress, No. 87-90 L, and Homelessness in the U.S.: Selected References, 1981-1985, also by Edith Sutterlin, No. L0404.

National Coalition for the Homeless. Saving lives: emergency Federal aid reaches the streets. Washington, Nov. 1987. 51 p.

United States Conference of Mayors. The continuing growth of hunger, homelessness and poverty in America's cities: 1987. Washington, Dec. 1987. 85 p.

U.S. General Accounting Office. Homelessness: implementation of food and shelter programs under McKinney Act. Washington, Dec. 1987. 40 p. GAO/RCED-88-63

U.S. Library of Congress. Congressional Research Service. The homelessness problem: background and legislation. Issue brief 87143, by David Koitz. Washington, 1987.
(Archived Dec. 8, 1987)

----- The Homeless: overview of the problem and the Federal response. CRS Report for Congress 87-927 EPW, by Susan Schillmoeller and Karen Spar. Washington, Nov. 1987.

----- Temporary emergency food assistance program (TEFAP): issues in the 100th Congress. CRS Issue brief 87090, by Jean Yavis Jones and Joe Richardson. Washington, 1987.
(Updated regularly)

APPENDIX: FUNDING LEVELS FOR MAJOR PROGRAMS BENEFITING THE HOMELESS
(as of January 26, 1988)

Department or agency	FY87 authorization a/	FY87 appropriation b/	FY88 authorization a/	FY88 appropriation c/
FEMA:				
Emergency food & shelter	$130,000,000 d/	$125,000,000	$124,000,000	$114,000,000
HUD:				
Emergency shelter	100,000,000	60,000,000 e/	120,000,000	8,000,000
Transitional and supportive housing	85,000,000 f/	85,000,000 f/	100,000,000	65,000,000
Supplemental assistance	25,000,000	15,000,000	25,000,000	0
Single room occupancy assist.	35,000,000	35,000,000	35,000,000	0
DHHS:				
Community health services	50,000,000	46,000,000	30,000,000	14,361,000
Community mental health block grant	35,000,000	32,200,000	g/	11,489,000
Mental health demonstration	10,000,000	9,300,000	0	0
Alcohol & drug abuse demonstration	10,000,000	9,200,000	0	0
Community services block grant	40,000,000	36,800,000	40,000,000	19,148,000
EDUCATION:				
Adult education	7,500,000	6,900,000	10,000,000	7,180,000 h/
Youth & children education	5,000,000	4,600,000	5,000,000	4,787,000
Information & dissemination	0	0	2,500,000	0
LABOR:				
Job training	0	0	10,000,000	7,659,000 i/
Veterans' reintegration	0	0	2,000,000	1,915,000 i/
AGRICULTURE:				
TEFAP - emergency food	50,000,000	50,000,000	50,000,000	50,000,000

See footnotes at end of table.

APPENDIX: FUNDING LEVELS FOR MAJOR PROGRAMS BENEFITING THE HOMELESS--Continued
(as of January 26, 1988)

Department or agency	FY87 authorization a/	FY87 appropriation b/	FY88 authorization a/	FY88 appropriations c/
VETERANS:				
Chronically mentally ill	$10,000,000 i/	$10,000,000 i/	0	0
Domiciliary care	15,000,000 k/	15,000,000	0	0

a/ Unless otherwise noted, P.L. 100-77, the Stewart McKinney Act, is the authorizing law for both FY87 and FY88.

b/ Unless otherwise noted, P.L. 100-71, the Supplemental Appropriations Act for FY87, is the appropriations law for FY87. P.L. 100-71 stated that for Urgent Relief for the Homeless, unexpended FY87 could be carried over into FY88.

c/ P.L. 100-202, the Continuing Resolution for FY88, is the appropriations law for FY88. For reference see: H.R. 2783, the Department of Housing and Urban Development and Independent Agencies Appropriations Bill of 1988; H.R. 3058, the Department of Labor, Health and Human Services, and Education and Related Agencies Appropriations of 1988; and, the conference report on H.J. Res. 395.

d/ The authority originates as follows: $70 million in P.L. 99-591, an FY87 continuing resolution; $45 million in P.L. 100-6 as a transfer of funds from the FEMA disaster relief account; and $15 million in P.L. 100-77.

e/ P.L. 99-591 appropriated $10 million.

f/ This is broken down as $5 million made available by P.L. 99-591, and $80 million authorized by P.L. 100-77 and appropriated by P.L. 100-71.

g/ Such funds as may be necessary.

h/ The conference report on H.J. Res. 395 indicated $124,462,000 was appropriated for adult education which included funds for the Homeless Adult Education program. The Department of Education proposed to the House and Senate Appropriations Committees that $7,180,000 be earmarked for Homeless Adult Education. Telephone conversations with Tom Johns and Marilyn Hall, Department of Education, Jan. 22, 1988.

i/ The budget tables in conference report on H.J. Res. 395 indicated a total of $9,574,000 for job training; however, the statement of managers clarified that $1,915,000 of this sum is for Veterans' Reintegration (Congressional Record, Dec. 21, 1987, H12468).

j/ This is broken down as $5 million authorized to be transferred from FEMA disaster relief funds by P.L. 100-6, and an additional $5 million authorized and appropriated by P.L. 100-71.

k/ Authority and appropriations made available by P.L. 100-71.

Stewart B. McKinney Homeless Assistance Act
Appropriations

HUD-Independent Agencies

(funds appropriated in millions of dollars) (PL100-404)	1989
FEMA Emergency Food and Shelter Program	114
Emergency Shelter Grants Program	46.5
Supportive Housing Demonstration (Transitional and Permanent Housing for Handicapped)	80
Supplemental Assistance for Facilities to Assist the Homeless	0
Section 8 Moderate Rehabilitation for Single Room Occupancy Dwellings	45
Interagency Council	1.1
Veterans Domiciliary Space	0
Care for Chronically Mentally Ill Veterans	13.252
	299.852

Labor-HHS Education

(funds appropriated in millions of dollars)	1989
Primary Health Care for the Homeless	14.82
Community Mental Health Services for the Homeless Block Grant Program	14.128
Mental Health Demonstration Project	4.594
Alcohol and Drug Demonstration Projects	4.545
Homeless Children Education Grants	4.893
Literacy Program for Adults	7.094
Community Service Block Grants (EHP)	18.918
Job Training Programs	
Veterans	1.8772
Others	7.5088
	78.3780

Section VII. Compilation of articles on homelessness

Safety Network

The Washington Post

USA Today

San Francisco Chronicle

The Daily Spectrum

Community Change

The Voice (Homeless News Network)

Slow Miracles (Fr. McKenna Center Newsletter)

Nashville Coalition for the Homeless Newsletter

Homeless Reporter (Shelter Partnership Corp.)

Safety Network
January 1988

Homeless/Hunger on Rise, Mayor's Report Reveals

Washington, DC—Hunger, homelessness, and poverty in cities across the country continued to grow at an alarming rate, according to a report released in December by the U.S. Conference of Mayors.

The 26-city survey indicated that despite general improvement in the overall economic conditions in the U.S., more people than ever before are going without the basics necessary for survival—some food and a place to sleep.

The rapid increase in the numbers of people seeking food and shelter over the last year has forced most cities to have to turn people away on an average of 25 percent, the Mayor's report said.

The survey also showed that families with children make up over one-third of the homeless population, an increase of 33 percent over last year. However, in some cities, the percentage of families was much greater, for instance in New York where families make up over 63 percent of the homeless population housed in city shelters.

Other results from the survey include:

- The demand for emergency food assistance increased in all but two of the survey cities by an average of 18 percent.
- Two-thirds of those requesting food assistance were families.
- Requests for low-income housing increased over 25 percent on average, and the average wait for assisted housing is 22 months.
- Waiting lists for such housing has been closed in 65 percent of the cities.
- An average of about 25 percent of the homeless are employed either full or part time, according to the study.

Almost every city surveyed believes that the situation for the homeless and hungary will most likely get worse. One of the key reasons given by the study for the increase is the lack of federal commitment to addressing the problems of hunger and the lack of affordable housing in this country.

Safety Network
February 1987

Continued Rise In Emergency Needs Predicted In National Survey

Washington, D.C.—A national survey conducted by the United States Conference of Mayors reports a dramatic rise in hunger, homelessness and poverty during 1986.

In spite of a general national economic recovery, two-thirds of the 25 cities surveyed reported an increase in the number of poor people, while demand for emergency food and shelter increased an average of 25 per cent in virtually every city. Moreover, the survey predicts a continued rise in emergency needs, and places much of the blame on the lack of a federal role in producing adequate low income housing.

The survey cites such indicators as increased demand for public assistance, food stamps, emergency shelter and social services, as well as an increase in evictions, to support its claims that 70 per cent of the surveyed cities had more poor people at the end of 1986 than at the beginning.

The report notes an increase in the poor and the working poor, and identified low wages and stagnant wage increases as a major factor contributing to the rise in need for emergency services. Says one source in Phoenix: "High housing costs, the shortage of affordable day care, and the shortage of unskilled and low-skilled employment opportunities continue to aggravate conditions and keep the working poor in poverty."

Other officials note that the national economic recovery has not benefitted the poor, and that their numbers continue to increase. A softness in the labor market for skilled workers in such areas as oil, gas and mining has forced skilled workers to take jobs that would otherwise be available to people with lesser credentials. This is the dark side of the "trickle down" effect.

Shelter Demand Increased

The effects of poverty were most evident in a 20 per cent increase in demand for shelter, and a 25 per cent increase in demand for emergency food. While municipalities utilized a variety of city, state and federal funds to attack the problem, they were forced to turn away 24 per cent of requests, with the largest gap between need and services found among homeless families.

According to the report, 28 per cent of the total homeless population is comprised of families and children, while in New York City the percentage has reached 76 per cent. Says an official from Philadelphia, "We are approaching a point at which almost 50 per cent of the persons in shelters are families with children—a horrifying statistic." One city, New Orleans, has no shelter provisions at all for families, and any family that seeks shelter must split up to be accepted by the shelters that do exist.

Causes for the emergency situations are widespread. Those most often cited for hunger are unemployment and inadequate or poorly administered public assistance and food stamp programs.

One example is the AFDC grant for a family of four in Louisville, Kentucky. Set at $235 per month ten years ago, the grant has risen 5 per cent over the past decade to $246 per month, while inflation over the same period has increased by 93 per cent.

Another factor in the increase in hunger—and the leading cause of shelter demand—is the lack of decent low income housing. The survey cites the use of single room occupancy hotels (SROs) that lack cooking facilities, and notes that housing with kitchens often costs more than people can afford. "Money for food goes to pay housing costs which are excessive," notes an official in Yonkers.

The lack of low income housing was mentioned as the main cause of homelessness in 76 per cent of the cities surveyed. In fact, demand for assisted housing rose by 40 per cent nationally, greater even than the demand for shelter.

Bleak Future For Housing

The report draws a bleak picture of the future of publicly assisted low income housing. Two thirds of the surveyed cities have closed their waiting lists for public housing because of overwhelming demand. Among the cities that have kept their lists open, applicants face an average of an 18-month wait.

In some cities the situation is even more extreme. Boston has a five-year wait while Chicago reports a 10-year wait for Section 8 certificates. According to the report, only 30 per cent of households eligible to receive publicly assisted housing are actually served.

In most cities, the stock of safe, decent and affordable housing available to low income people has actually decreased, while only 29 per cent of the cities have experienced a growth in housing stock. Even among these cities, the demand for housing outstrips its availability.

In New York, where three-quarters of the homeless population consists of families with children, the public housing programs are able to address the needs of only 10 per cent of those eligible for assisted housing.

All cities surveyed agreed that despite their best local efforts to meet housing and food needs, they required further federal assistance. The report noted that lack of funds not only prevents the construction of new low income housing, but it jeopardizes existing stock.

Said one official in New Orleans, "The decline in federal assistance has made the housing authority unable to repair and maintain units. Funds are available for emergency repair, none are available for preventative maintenance."

The Washington Post
January 22, 1986

Hunger, Homelessness Up Steeply, Mayors Say

By Bill Peterson
Washington Post Staff Writer

Hunger and homelessness rose sharply in urban America last year, despite improvements in the national economy, according to a report released yesterday by the U.S. Conference of Mayors.

The report, based on a survey of 25 major cities, said that the "new poor" created by the 1982 recession have not disappeared and that the number of families with children seeking food and shelter increased "significantly" last year.

The report blamed unemployment, a shortage of low-income housing, low welfare benefits, changes in mental health policies and tightened eligibility requirements for food stamps and public housing for the increases in hunger and homelessness.

Demand for emergency food rose an average of 28 percent in cities surveyed and that for shelter an average of 25 percent, the report said. Detroit was the only city surveyed that reported no increase in hunger; only three cities—Minneapolis, Hartford and San Antonio—reported no increase in homelessness.

The report said homeless people are "routinely" turned away from overcrowded shelters in half the cities surveyed, and 17 percent of the demand for emergency food "goes unmet."

The report was released as mayors of the nation's largest cities began arriving here to attend their annual winter meeting and lobby for continued federal spending on domestic problems.

The 25 cities were selected because the mayor of each serves on a task force on hunger and the homeless headed by Boston Mayor Raymond Flynn. They range in size from New York and Chicago to Yonkers, N.Y., and Charleston, S.C., and in economic health from Phoenix, with a 3.5 percent unemployment rate, to San Juan, with a 13.7 percent rate.

Unemployment in 11 of the cities decreased or was unchanged in 1985. But 22 of the cities said the official unemployment rate "does not accurately reflect the actual unemployment problem" because it fails to take into account the underemployed and those who have given up looking for jobs.

Chicago officials reported that "the new poor are not being recalled to their former jobs because their former plants are not being reopened." Seattle officials said the recovery has yet to reach their city.

"In none of the cities surveyed has the economic recovery lessened the problem of homelessness," the report said, quoting Boston officials as saying that "the recovery has exacerbated the situation as the increased attractiveness of the city has tighted the housing market."

Reflecting trends that began with the recession, 85 percent of the cities reported an increase in homeless children. Overall, the report said 60 percent of the homeless are single men, 27 percent are families with children and 12 percent are single women. About 33 percent of the homeless are considered to be chronically mentally ill.

USA Today
January 22, 1986

Charting the USA

Food and shelter demand increasing

Survey of 25 cities released today shows increased demand for shelter and food for the homeless. Surveyed were cities whose mayors are members of Task Force on Hunger and Homelessness. Homeless, number of beds in shelters, increase in demand for emergency food in 1985: (Story, 3A)

City	Estimated homeless	Shelter beds	Food need
Boston	5,000	1,282	65%
Charleston, S.C.	500	350	50%
Chicago	12,000-25,000	2,700	13%
Cleveland	5,000	350	NA
Denver	2,200-2,600	1,014	NA
Detroit	12,000-13,000	800	0%
D.C.	6,429	3,291	NA
Hartford, Conn.	NA	150	50%
Kansas City, Mo.	10,800	600	50%
Louisville, Ky.	3,500	600	4%
Minneapolis	500	380	20%
Nashville, Tenn.	1,500-2,000	668	11%
New Orleans	2,000	550	5%
New York	NA	22,132	10%
Philadelphia	2,500	2,500	35%[1]
Phoenix, Ariz.	4,000	374	52%
Portland, Ore.	6,000	629	17%
St. Paul, Minn.	1,100	477	NA
San Antonio, Texas	800	838	2%
San Francisco	4,500-5,500	3,321	30%[2]
San Juan, P.R.	2,000	1,213	NA
Salt Lake City	600-800	500	48%
Seattle	3,500-4,000	1,500[3]	10%
Trenton, N.J.	2,000-3,000	200	10%
Yonkers, N.Y.	700	469	50%

1 — Estimates range from 25%-35%
2 — Estimates range from 25%-30%
3 — Some estimates as high as 1,800
NA — Not available
Source: U.S. Conference of Mayors

San Francisco Chronicle
August 24, 1986

HOMELESS IN AMERICA

The growing plight of the urban homeless is an acute American problem of the 1980s that rivals any sociological crisis in the nation's past.

A swelling population estimated as high as 3 million persons endures some form of homelessness during the year, straining both public and private resources as the country relives again some of the nightmarish times of the Great Depression of the 1930s, when lines for shelters and soup kitchens stretched bleakly for blocks.

Profiles of diverse contemporary homeless have been compiled by Richard H. Ropers, assistant professor of sociology at Southern Utah State College, in the latest issue of Public Affairs Report, published by the Institute of Governmental Studies at the University of California at Berkeley. He found that many of the new homeless differ considerably from the skid row stereotype of the past, from the elderly, alcoholic and white nomads of previous generations.

The current average age is between 36 and 38. Almost half the men are veterans of U.S. military service. Women make up about 20 percent of the homeless population, compared with 5 percent in the past. Many of the homeless have at least a high school education. Approximately half the homeless in most areas are ethnic minorities, with blacks, Hispanics and Native Americans overrepresented. And, contrary to common belief, studies have found that far fewer than half of those wandering the streets have been in psychiatric hospitals.

Although it is true that the armies of street persons include some of the dregs of mankind, the Ropers report found that a number of the uprooted are unemployed persons actively looking for work. Others are employed full-time or part-time while temporarily living with friends or relatives.

Some spend the day in shopping malls or university hallways, where they attempt to maintain personal appearances by resting and washing. At night, they may sleep in the street, on the beach, in cardboard boxes, on city buses or in all-night movie theaters. But they are truly "homeless" in every sense of the word.

* * *

These legions of the displaced have been driven from their homes in varied ways. Some homeless are suffering from temporary personal crises, such as divorce, separation, domestic violence or death in the family. Others can not cope with unemployment, evictions, fires, floods or a lack of social welfare support or public shelters. Severe mental health problems, physical disabilities and drug and alcohol addiction all compound the tragedy that accompanies loss of shelter.

Some of Califronia's 90,000 homeless have been affected by deindustrialization and a lack of low-income housing. The UC article cited a study reporting that in the year 1980 alone, at least 150 major plants closed their doors permanently, idling more than 37,000 workers. The California Homeless Coalition said the situation worsened because of a lack of affordable housing--much of it lost because of deterioration, demolition and conversion--and the fact that many personas are displaced by eviction. For instance, evictions in San Francisco in 1983 totaled 5800.

The federal government estimates that emergency shelters throughout the country can provide only 111,000 beds for the homeless on any given night, and many of these are reserved for special categories like runaway teenagers and battered women.

Public relief, social and medical services and local law enforcement are frequently so haphazard and inadequate that a subclass of the homeless population is forced to prowl the streets, a danger to themselves and the community.

Strict but humane administration of police regulations and, above all, increased assistance from federal and local governments and the private sector are required to find a solution to the problem of the urban homeless and end the specter of a population without shelter.

LIFESTYLE People
THE DAILY SPECTRUM MONDAY, NOVEMBER 3, 1986 PAGE 6

Little separates the homeless from rest of us, says professor

by Doug Fox
Staff Writer

CEDAR CITY — A tired woman and her small child trudged slowly up the highway. They had nowhere to go, not a dime for food and no idea where their next meal would come from. Their only possession was the shabby clothes they wore.

It was 2 a.m.

The woman and child described above are just two out of an increasing number of homeless found in cities throughout the nation.

The plight of the homeless is of growing concern, not only in the big cities, but in areas like southern Utah as well. The woman and child mentioned above were discovered two months ago by the police, not on some big-city freeway, but on I-15 just outside of Cedar City.

For Southern Utah State College Professor Dr. Richard Ropers, studying and caring for the homeless has become a way of life. And if there's one thing he's learned, he said, it's that there's not that much seperating the homeless from the rest of society.

"The most interesting and important thing I've learned is that the poor and the homeless are not fundamentally different from the rest of us," he said. "The biggest myth is that they are all 'lazy, crazy, drunk and doped.' That just isn't true. If anything, they are basically the victims of changes that are tak ng place in our economy, our housing market and in our welfare system."

Ropers is one of the leading experts in the nation on the homeless, having completed the first major study of the homeless in Los Angeles. He has made appearances on NBC's *Hour Magazine* and in a 1985 Emmy Award winning film titled *Trouble in Paradise*. This week he has been subpoenaed to testify on behalf of the homeless in a lawsuit against the County of Los Angeles.

'The ... poor and the homeless are not fundamentally different from the rest of us. The biggest myth is that they are all "lazy, crazy, drunk and doped." That just isn't true.'

But his interest in the homeless is not solely fulfilled in studies. He also serves as the director of the Iron County Care and Share program, the only shelter for the homeless between Las Vegas and Salt Lake City.

"I find myself in the unique position of being one of the leading national academic experts on the homeless and at the same time being a "hand's on service provider" to the homeless," he said. "Serving the homeless makes me a better teacher and researcher, and being a better researcher, in turn, helps me to better serve them."

The first step in the path that has led Ropers to where he is today was when he worked with the unemployed while writing his doctoral dissertation at Western Michigan University. In 1982 he earned a grant at UCLA to do further research and an internship at a community mental health center, which directly exposed him to working with the homeless.

Ropers said there was little known scientifically about the homeless, which motivated him to undertake a study in Los Angeles, the first of its kind. What he learned surprised him.

"They didn't fit the stereotype of the skid row derelicts of the past," he said. "(They are people) who are unemployed or chronically unemployed through no fault of their own."

The study determined that the homeless today are younger, better educated, and disproportionately non-white. It also discovered that 50 percent were veterans, 20 percent were working — but still homeless — and 20 percent were families with children.

"I think what's going on in the country, and the state of Utah, is a growing polarization between the many who are living well and the many who are living in increasing misery," he said.

Ropers, a sociology professor, came to SUSC in the fall of 1985. This past summer he was invited to join the research committee of the Salt Lake City Mayor's Task Force on the Homeless. He was also appointed by Governor Norm Bangerter to chair the governor's Employment and Training Sub-Committee.

Ropers said he has been highly impressed with the local and statewide effort in caring for the needy, especially in light of the great response to the "Hunger Sabbath" program held on the weekend of Oct. 24-26. Days after the program ended, Ropers said, he was still receiving food donations for the Care and Share facility.

"This is truly amazing. I've never seen anything like this anywhere else. It really says something wonderful about Cedar City. After having lived in big cities all my life, I really value the warmth and generosity of the people of Cedar City. I am also delighted to be part of the faculty of a dynamic and growing educational institution like SUSC and as far as I'm concerned I plan to live here the rest of my life."

The problem of the homeless remains, but, at least locally, one man is working to lighten its devastating effects. If more would willingly help out, the problem would solve itself, Ropers said.

"If all of us will open up our hearts, our homes and pocket books a little more we would be able to resolve the problem of homelessness in the country. If we each make a little effort, we can solve it."

CEDAR CITY — Dr. Richard Ropers, a Southern Utah State College sociology professor, is one of the nation's leading authorities on the plight of the homeless. He will be going to California this week to testify on behalf of the homeless in a lawsuit against the County of Los Angeles. (Spectrum / Doug Fox)

CEDAR CITY — Iron County Care and Share Director Dr. Richard Ropers shows off the full food cupboards at the facility following donations received during the "Hunger Sabbath" weekend. (Spectrum / Doug Fox)

Contemporary Homelessness Represents 'Qualitative Change In Poverty'

New York—A soon-to-be-issued working paper prepared by the Community Service Society of New York argues that contemporary homelessness represents a "qualitative change in the experience of poverty in this country." However, says the paper, there has not been a commensurate change in public policy.

The study, "The Making of America's Homeless: From Skid Row to New Poor, 1945-1984," was co-written by researchers Kim Hopper and Jill Hamberg. It traces the causes and manifestations of homelessness through three post-Depression periods: the postwar era from 1945-1970, when homelessness was still chiefly confined to its "skid row" form; the 1970's, when signs of a crisis first appeared; and the 1980's, when the crisis erupted.

"Routinization" of Homelessness

One of the study's chief concerns is the "routinization" of homelessness, the way in which it has increasingly assumed the character of a "captive state" for those who are its casualties.

Chief among the factors responsible for the transformation of homelessness from a transient state of emergency into a makeshift way of life is the dearth of affordable housing. This, in turn, reflects absolute loss of housing stock, growing rent-income ratios, and declining household resources at large.

The study goes on to trace in some detail the declining fortunes of the poor under Reagan and the twin recessions of the early 80's.

In what is likely to be the most controversial piece of the new study, Hopper and Hamberg suggest that the "reputed failures" of contemporary relief efforts—and even, to some degree, their limited success—may serve other, largely unacknowledged, purposes. The authors contend that the "spectacle of homelessness" has a disciplinary function that extends beyond candidates for immediate relief. "The prospect of a degraded life on the dole serves to steel otherwise recalcitrant workers and stifle their demands for higher wages or better working conditions."

An Object Lesson

The result, according to the study, is an apparently irrational, fixed posture of "crisis management." This posture in turn reveals something about the latent functions of homelessness today. Specifically, it is argued that "the pace, form and vagaries of contemporary relief efforts" signal the return of "an older disciplinary agenda," one that upholds the example of a degraded life on the dole as a general lesson to the poor at large.

In short, the study suggests that the wretched lot of the homeless works as an object lesson in the costs of dependency. The presumed targets of such a lesson are any and all of those who would dream of trading a menial job, cramped quarters or a paltry welfare check for a free berth in the public shelters.

Hopper and Hamberg have somewhat critical things to say about the course of many present advocacy efforts. In the main, they fault such efforts for being too narrowly focused on the immediate issue of emergency relief while ignoring the larger implications of how that relief is granted and what the terms of exchange are. They argue that too much of the contemporary picture smacks of charity, and not enough of it evidences the struggles for a longer-lasting social justice.

They conclude with a plea for organizing on a much larger scale with beleagured groups at large, although the details of such an effort are left vague. Still, the nagging anxieties they voice about the limits of short-term success are difficult to ignore.

Copies of the working paper will be available in November from the Community Service Society, 105 E. 22nd St., New York, N.Y., 10010. No price has been set yet.

Brett Barnes

Study Predicts 18.7 Million Americans Will Lack Affordable Housing by 2003

The already severe crisis in the availability of low-income housing will become much worse during the next 16 years, according to a very useful study released this past summer by the Neighborhood Reinvestment Corporation.

By the year 2003, an estimated 18.7 million Americans will lack affordable housing, concludes Phillip Clay, the Massachusetts Institute of Technology professor who conducted the study ("At Risk of Loss: The Endangered Future of Low-Income Rental Housing Resources"). The result will be increased homelessness, overcrowding, substandard housing and poverty, as families are forced to spend far too much of their income on housing.

According to Clay, two trends will cause this big increase in the need for affordable housing.

First, the number of families needing low-income housing will continue to increase at about 2 percent per year. The problem, Clay says, is that not only has poverty increased during the 1980s, it has become more severe and more permanent.

"Whereas in the past the poor population included many who are poor only briefly as a result of some special misfortune," Clay writes, "the present poor population seems increasingly permanent."

As a result, fewer people move out of low-cost housing, one reason for the years-long wait for public housing in most cities.

Poor people are also increasingly poor, which means they have even less income to pay for housing. Clay notes that, of families earning less than $7000 per year, 78 percent already spend more than 35 percent of their income for rent. The federal standard is 30 percent for rent.

Another factor, though Clay does not discuss it, is the big growth in low-paying jobs. According to a recent study of the congressional Joint Economic Committee, three-fifths of the jobs created between 1979 and 1984 pay less than $7,000 a year, well below the poverty level for a family of three. Nearly 50 percent of all private sector jobs now pay average wages in the "poverty zone" (within 30 percent of the poverty line), according to a study by the Council on International and Public Affairs. The minimum wage, which hasn't been raised since 1981, leaves many full-time workers in poverty.

While an increasing number of people need low-cost housing, Clay fears the supply will continue to go down. During the past 10 years, he estimates that 1 million units of low-cost housing have been lost. Between 1983 and 2003, another 3.5 million units will be lost, a reduction of 27 percent.

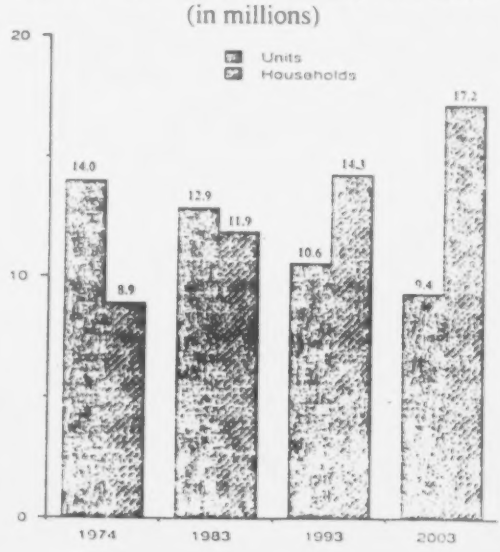
Why such a drastic decline? Part of the problem is the virtual halt in construction of *public housing*. Plus, many older public housing units have been abandoned because there's not enough money to repair them. More than $21 billion is needed to repair and modernize the nation's 1.35 million units of public housing, according to a study done by Abt Associates for a Senate Appropriations subcommittee. As a result, from 1983 through 1985, the number of public housing units actually declined by 5,317.

Even more important is the potential loss of rental units that are privately owned but publicly subsidized to keep rents low. There are more than 1.9 million such units. Clay estimates that 900,000 of them may be lost by 1995 as rent restrictions end and owners convert them to more profitable uses

"This situation will be not unlike what occurred in the 1960s, when we were removing low rent units, and building too few new ones, while real estate operators proceeded to milk properties and turn transitional communities into crisis ghettoes."

Community Change
Summer/Fall 1987

TOTAL LOW RENT HOUSING RESOURCES AND HOUSEHOLDS REQUIRING UNITS, ACTUAL AND PROJECTED, 1974-2003
(in millions)



Finally, Clay estimates that the supply of *unsubsidized low rent housing units* will decline from 8.8 million in 1983 to 6.9 million in 2003.

Part of the reason for this decline are negative trends in housing finance and investment. For example, the rapid growth in bad real estate loans has made many lenders uneasy.

"The psychological impact is significant because it dampens what had been a growing acceptance of modest risk," Clay writes. "For example, it jeopardizes deals held together by creative financing."

The Tax Reform Act of 1986 has also hurt because it virtually ended one of the main stimulants for the production of low-income housing—tax benefits.

"The current perception among investors," Clay explains, "is that the only type of private rental housing that makes sense—to buy or to hold—is that which is profitable on a cash flow basis."

The problem is that low income people cannot pay enough in rent to make a low-cost housing project profitable without subsidies.

"As the tax benefits decrease . . . these owners will be faced with a rent base limited by the low income of the tenants, stable or declining values, limited refinancing options, and the possibility of further economic erosion," Clay writes.

"If tenants continue to be sheltered in such properties, it will be in housing in which the owner is disinvesting. If tenants move, they are unlikely to find better deals elsewhere."

Clay worries that more slum landlords could result from these financial pressures.

"This situation will be not unlike what occurred in the 1960s, when we were removing low rent units, and building too few new ones, while real estate operators proceeded to *milk* properties and to turn transitional communities into crisis ghettoes."

How do we avoid such a bleak future?

Clay thinks the solution starts with federal action. He believes that the federal government must commit to maintaining subsidies to assisted housing projects. Not only will this help save what he says is a $250 billion resource, it will "send a message that there is a national policy to save the stock of housing at risk. It is a message that needs to come early, to be unambiguous and part of a strategy."

State and local governments can also do a lot, Clay believes, a conclusion that he says was "contrary to my initial thinking." He says these governments can use their regulatory role (zoning, health and safety regulation, rent control, allocation of tax credits and block grant money) to save subsidized housing.

Community-based organizations also have a crucial role. Part of that role is to develop, acquire and manage subsidized housing projects (they now control 28 percent). While acknowledging that projects run by nonprofits have not always been successful, Clay says that, "as a source of long term commitment to low and moderate income housing, community housing developers represent the major potential sponsor that can be counted on." One key to successful community-run projects is to build the capacity of these groups, Clay believes.

Clay also thinks that these groups have a crucial advocacy role. "There is a critical need for advocacy on the part of tenants and others concerned about low and moderate income housing." This advocacy should be done on a citywide or county-wide basis, Clay believes, as opposed to focusing on individual neighborhoods.

Unfortunately, Clay says that there isn't much systematic advocacy on this issue. "There was nothing to compare with the level of networking on such issues as redlining, homelessness or fair housing . . . . There is an awareness of the issue, but ignorance of the details of the problem and a dearth of ideas about how to deal with it . . . ."

"Our best hope is that we can build the skeleton of a network of community-based housing development enterprises that, with appropriate legislative and other changes, and assistance from various sources, can be the engine for reversing this trend."

Single copies of "At Risk of Loss" are available from the Neighborhood Reinvestment Corporation, 1325 G Street, NW, Suite 800, Washington, DC 20005.

GAO Releases Study

Federal Government Must Take The Lead In Alleviating Suffering Of Homeless

Washington, D.C.—"Despite the disagreement over the size, there is agreement that homelessness is increasing," stated a recent General Accounting Office (GAO) report on homelessness. The report went on to say that "homelessness is likely to remain a problem for several years."

The GAO report culled information from 75 studies that included primary data collection. In addition, interviews with service providers were conducted, along with visits to shelters in Washington, D.C. and New York City.

GAO cited the May 1984 Housing and Urban Development (HUD) report on homelessness, which estimated that between 1980 and 1984 there was a 66 per cent increase in the number of emergency shelters for the homeless. Contradicting the Reagan administration's insistance that an economy on the mend benefits all, HUD reported that half the increase in the number of emergency shelters occurred between 1983 and 1984.

GAO, in its report, noted that "even with this increase in shelter beds, many studies we received, representing cities across the country, reported insufficient shelter capacity." In a section of the report dealing with causal factors of homelessness, GAO pointed out that despite the recent reduction in the national unemployment rate, two million more people were out of work in January, 1985 than before the 1980 recession began.

The lack of community mental health centers was seen as a major contributor to the problem of homelessness among the chronically mentally ill. GAO reported that fewer than 800 of the 2,000 mental health centers needed to deal with deinstitutionalized individuals had been established since 1963.

Entitlement Programs Don't Work

The GAO study stated that the Department of Health and Human Services (HHS) does not operate a program specifically for the homeless. An HHS Working Group admitted that many of its entitlement programs (AFDC, SSDI, SSI, Medicare and Medicaid) "do not work for many homeless persons."

According to the GAO study, the Federal Interagency Task Force on the Homeless is based on the premise that homelessness is a local problem, and that new federal programs are not the solution to homelessness.

Therefore, to date, the Task Force's primary function is to respond to local government's requests for information by letting them know what federal resources exist in their area.

In the concluding section of the study, the GAO stated, "In addition to the immediate needs of the homeless for food and shelter, long-term solutions are believed necessary." Among the solutions mentioned were "physical and mental health care, more permanent low-income housing, employment and training, and other social services."

The GAO summed up, stating: "What the federal role should be in services to these (homeless) individuals is however, unresolved. What is clear is that the number of homeless people is growing across the country and it is going to take a concerted effort on the part of the federal government to alleviate the problem."

Federal Actions Cited As Causes of Homelessness

Recent federal actions have also contributed to the increase in suffering among our nation's poorest citizens. GAO cited a July, 1984 Mathematica Policy Research study conducted for the Congressional Research Service, which established that the federal budget cuts put into place by the Omnibus Budget Reconciliation Act of 1981 put between 557,000 and 587,000 more people in poverty in 1982.

The lack of low-income housing, perhaps the most obvious of all the factors contributing to the problem of homelessness, was also highlighted in the GAO study. During the 1970's, one million SRO units were lost across the country, representing nearly half of the total supply.

In 1975, GAO reported, two million low-income households spent over 70 per cent of their income for rent. In 1981 the number of such households increased to 3.1 million, and by 1983 there were 3.7 million households in this group.

According to the GAO study, since 1980 HUD has been shifting its emphasis from providing subsidized housing units to operating a voucher system to allow low-income households find housing in the existing private market. GAO noted, "The federal housing aid cuts have limited the number of program participants and required tenants to pay a larger share of their income for housing."

A recent Urban Institute report was cited, which stated that the number of newly assisted households has fallen from 300,000 during the period 1976-1980, to 100,000 during 1981-84. The Institute estimated that by the end of 1985, there will be about one million fewer households receiving subsidized housing from the federal government, and another 300,000 households living in substandard housing because of the Reagan administration policies.

Why Does Homelessness Continue?

By Carl R. Resener

Since the early 80s homelessness has been a much discussed subject. We have had local and nationwide hearings dealing with the homeless problem of our land. We have created food and shelter services so that in many cities the homeless of America have a better living situation than many nations across the world. Yet, in spite of hearings, food lines, and the exposure of homelessness through the news media, we have not seen a decline in the homeless population. In fact, I believe homelessness will drastically increase before it peaks out.

In order to see a decline in the homeless population, I believe that there are five major problems that must be resolved. These problems have existed ever since the homeless population became a visible problem. No longer can we ignore these problems because, in essence, they are the prime reasons why homelessness exists as it does today.

1. THE PROBLEM OF RECOGNITION. The present administration still declares that there are less than 300,000 homeless persons. We must acknowledge the fact that the number is more like 3 million. Without recognition of the problem, there will be no representation of the homeless in our budgets and programs of relief, locally and nationally.
2. THE IDENTIFICATION OF THE HOMELESS. For years the homeless have been classified as winos, drunks, and riff-raff which are not the true representation of the homeless. We must realize that the population of the homeless represents every unresolved social, domestic, and economic problem of our country.
3. WHO IS RESPONSIBLE TO CARE FOR THE HOMELESS? We must recognize that homelessness is a national as well as a local problem. As a nation, we should care for the homeless instead of doing little to nothing based on the idea that "it is the other guy's responsibility."
4. THE TYPE OF HELP THAT ONLY MAINTAINS THE HOMELESS. Much of our well meaning help for the homeless has merely kept them on the street—temporary shelter, food lines, etc. We must begin to work with the homeless so that they can re-enter community life.
5. WE MUST BEGIN TO RESOLVE THE PROBLEMS IN THE COMMUNITY WHICH ARE THE PRIME SOURCE FOR HOMELESSNESS. We must dry up the drug traffic which sends its victims to the streets of our city. We must create new jobs and educational programs for those in the community, as well as for those who are on the streets. We must resolve domestic problems in our homes and communities before the problems are unsolvable except by breakdown and separation. We must pass appropriate legislation that will allow the leverage needed to deal with the homeless, especially those who cannot think for themselves.

As we go into a season of the year when homelessness receives the most attention, I hope that we will try to resolve some of the preceding problems instead of covering the awful consequences of homelessness with blankets, sandwiches, and other essentials merely for survival.

Editor's Note: Rev. Carl R. Resener is Director the the Nashville Union Mission in Nashville, Tennessee

The Voice (Homeless News Network)
December 1987

Safety Network
December 1987

Rural Areas See Homeless Rising; Report Calls For Emergency Relief

Mass homelessness is spreading rapidly into rural America, a new study prepared by the National Coalition for the Homeless has found.

"Homelessness in the American countryside will shortly become as rampant and visible as it currently is in American cities," according to the report, which studied the housing crises for the poor in Appalachia and in rural regions of the southeastern United States.

The report sees what it calls this "dire prognosis" as inevitable in the absence of a series of steps to keep hundreds of thousands of rural Americans now on the brink of homelessness in housing.

"America's housing crisis knows no geographic limits," said Robert M. Hayes, counsel to the National Coalition for the Homeless.

"We are on the brink of an explosion in homelessness in rural America," he said.

Ten Month Study

The ten-month National Coalition study examined housing policies and the plight of the homeless poor in seven eastern states from Appalachia to the Mississippi Delta.

"Barriers such as a lack of land, lack of financing and — most of all — lack of jobs, have prevented countless people from obtaining decent affordable housing, and have placed a vast segment of the rural population on the brink of homelessness," the report found.

In a number of counties on the Kentucky and Tennessee border, the report found, at least one-third of the population was living in doubled or tripled up housing conditions.

The report called on state governments, as well as the federal government, to move immediately to increase the supply of affordable housing in rural areas.

The report called on President Reagan to:

— order the Farmers Home Administration to turn 15,000 empty homes in its inventory for use by the homeless poor or people on the edge of homelessness;

— restore funding levels for public housing and Farmers Home Administration supports to levels in 1979 before the emergence of the region's dramatic housing crises; and

— require that federal Community Development Block Grant funds earmarked for rural areas be directed to the creation of affordable housing.

In addition, the report called on states to create a system of assistance for single persons in need and to raise grant levels for needy families with dependent children to a subsistence level so children will not be deprived of either food or shelter.

Although estimates are imprecise, it is believed that there currently are approximately three million homeless people living in the United States.

slow miracles

The Newsletter of the Fr. McKenna Center Summer 1986

Homelessness and the Mentally Ill: 'A Societal Tragedy'

From a scientific or professional point of view I have no real understanding of mental illness. I have no training or practical education in the treatment of the mentally ill. Before coming to the Father McKenna Center I had no experience working with the mentally ill. Tragically, however, it is people like myself who have been forced to respond as the only bearers of support for thousands of mentally ill homeless persons in Washington and tens of thousands across the country. To the mentally ill themselves, all of the people like myself who staff inadequate day and night shelters, represent a doomed attempt and a morally unacceptable means of caring for the most vulnerable members of our society.

As with the total number of homeless persons, the exact number of homeless who are mentally ill is not known. What is known is that both groups are growing at an alarming rate. Boston psychiatrist Ellen L Bassuk reported in a 1984 Scientific American article (The Homelessness Problem, Vol 251, No 1) that various studies across the country have revealed that the incidence of mental illness within shelter populations is as low as 20 percent and as high as 90 percent. "Non-professional," casual observance in our Center reveals that 30 to 60 percent of the "guests" display overt symptoms of mental illness or personality disorders. Whatever the exact number is is irrelevant. This situation is unacceptable and must be solved.

Combined, three factors surface as the cause of the problem: 1)The implementation of de-institutionalization; 2)Current economic realities and the response of the Reagan Administration to those realities; and 3)The near absolute lack of support from traditional relationships and institutions within the homeless and near homeless population.

As a functional policy, de-institutionalization--the attempt to move the mentally ill out of large hospitals and into the community--has failed. In 1984 the American Psychiatric Association (APA) accurately called the implementation of this plan "a major societal tragedy" (NYT 9/13/84).

Simply, the policy which began in the early 1960's, went no further than the mass discharge of mentally ill individuals from mental hospitals. The creation of small community-based homes, community mental health centers, out-reach and follow-up care--comprehensive services all included in the 1963 community mental health law--were never carried out leaving thousands of mentally ill "out-patients" abandoned in our streets.

If indeed any of our nation's homeless are such by choice, the mentally ill are not among them. Left to survive without family and community support, many of those hit hardest by an economic recession that forever eliminated many jobs and led to double-digit unemployment began a downward slide that started with the loss of a job and ended in a shelter or on a grate. Here, even the most stable individual will quickly fall prey to emotional disorder and mental illness. For many, whatever safety net may have existed was removed by the massive cuts made in entitlement programs during President Reagan's first term. Between March, 1981 and April, 1984, 150,000 to 200,000 people lost their Social Security Disability payments in a "crackdown on Inelligibility." Review of the rolls was halted with the discovery that truely disabled recipients, including many mentally ill persons who were too disabled to respond to termination notices, were cut off. Many of these victims are now homeless.

Lastly, there is the all pervasive absence of support structures for so many

More Funds, pg. 3

"Our Lord did his miracles instantaneously at a word, but his church, his priests, his sisters, his fathers and mothers have to do their miracles slowly." Fr. Horace B. McKenna

Slow Miracles
(The Newsletter of the Fr. McKenna Center)
Summer 1986
Continued (page 2)

More Funds, Staff Needed for Mental Health Plan

from pg. 1

who are homeless and mentally ill. If I were to lose my job, my source of income, or my emotional stability, a host of familial and societal support structures would quickly stop my decline. What constantly strikes me about the homeless people who I see at the Center is their utter aloneness. Such isolation and lonlieness leave one prey to the onset of mental illness and adds to the helplessness of those who were discharged during deinstitutionalization. It also allows for a non-stop downward slide that has no end. Society's strongest safety net, our families and our communities no longer exist for many.

As examples of the terrible effects that these three factors have in causing mental illness and exacerbating it, three personal examples come to mind from our Center. The first, "Tom," is 24 years old. He left his small Pennsylvania hometown because all of the mills had closed and jobs were no longer available. His history of mental illness is uncertain, but he currently suffers from what has been diagnosed as severe paranoid-schizophrenia. "Tom's" family has at least twice refused to take him back into their home, and his illness prevents him from securing gainful employment. He is ineligible for financial assistance because he refuses treatment on the grounds that the medication he would receive would cause him undesirable side-effects.

"John" attended a Jesuit high school and a major eastern university. He has been diagnosed as severly and chronically psychotic, but, like "Tom," he refuses treatment. Despite worsening health problems aggravated by his illness, "John," who only sleeps outside, can not be committed under current law to mental asylum.

"David" claims to have attended Gonzaga College High School. We have no reason not to believe him. Now "David can often be seen wandering aimlessly through Georgetown carrying what seem to be his only belongings: a small canvas bag and a rolled-up blanket. He is clearly suffering from some mental illness. Like "Tom" and "John," "David" is not dangerous or violent, although some who are mentally ill will occasionally turn violent. Again, under current law, a person can not be involuntarily committed to a mental health facility unless they are believed to be a danger to themselves or others. The question that comes to mind in a case like "David's" is whether or not our concern for his civil rights has left us no choice but to abandon him in a state of helplessness?

Our society must begin to respond in a serious way to this terrible tragedy. Here in DC the policy of deinstitutionalization is still in its infant stages. Under a current plan, hundreds of patients will soon be discharged from Saint Elizabeth's Mental Hospital as that facility is handed over by the federal government to District authority.

Despite the commitment of some mental health professionals and community advocates, the state of Washington's mental health system is in chaos. The system is underfunded and understaffed, especially in the areas of community outreach and crisis intervention, both essential to a policy that will aid the homeless.

If major revisions in planning and funding are not made, the District will soon replay the tragic scenario that the APA called a "major societal tragedy." One professional involved in the restructuring taking place with the federal to local turnover, spoke of a plan that will assign a "case-manager" to every patient in the DC system. Under current plans, the ratio of patients to case-managers would be forty to one. This is simply absurd when one considers the enormous difficulty involved in maintaining contact with people who are both homeless and mentally ill.

It is also time that we re-evaluate our laws concerning involuntary committal to decent and humane asylum. The present law which was enacted to protect the civil rights of the mentally ill has so swung the pendulum of justice that many individuals who are both truely unable to care for themselves, and are without any support remain on the streets.

Contrary to popular political thinking, we as a society must be willing to surrender the massive funding needed to provide decent and human services to the mentally ill. The moral worth of our nation is truely measured in how we treat our weakest members. The existing level of treatment is shameful. It must change. Specifically, we need funding for enormous staff increases in all areas of the mental health system here in Washington, but especially in the areas of out-reach and follow-up care. No coherrent means of providing transportation of the mentally ill in time of crisis now exists. This problem must be solved.

Lastly, as individuals, communities, and as a society we must all be willing to open our homes and our neighborhoods, not to mention our pockets, to our most helpless sisters and brothers. Our standing as a moral and civilized people demands this of us.

Brian Carome

Nashville Coalition for the Homeless Newsletter
August 1987

Homelessness and Social Ties

Do homeless persons maintain relationships with friends and relatives? Two very different answers to this question have been offered by service providers, researchers, and others familiar with homelessness. One view holds that the homeless are unwilling or unable to develop social attachments; consequently, they lead an isolated, lonely existence. In contrast, some observers emphasize the casual friendliness apparent on the streets and the number of homeless individuals occasionally in touch with their relatives. An extreme version of this second "community" view portrays homelessness in subcultural terms, as a "way of life" that engenders camaraderie and a sense of belongingness among those who participate in it.

Based on data from the Nashville Homelessness Survey, neither view appears to be entirely correct. About half of the persons interviewed said that they have close friends in Nashville (the median number of friends is three) or "hang out" with someone who can help them with their problems. Just under two-fifths have relatives in town, and one-fifth reported contact with those relatives during the month before the study. In short, social ties are common but hardly universal.

Not surprisingly, the homeless persons most likely to have ties to local friends and relatives are those who have lived in Nashville a long time. Friendships tend to be impeded by divorce and poor mental health, but the same two characteristics actually increase the chances of having local relatives and keeping in touch with them. Relations with relatives are more frequent among blacks and the young as well.

Perhaps the most important finding about social ties is that they improve the quality of life experienced by the homeless people. Individuals with ties to others are happier and have less trouble fulfilling basic needs (getting clothing, enough to eat, etc.) than their isolated counterparts. The explanation for these beneficial effects lies in the emotional support information, and direct assistance that the homeless receive through their social relations.

For example, one-third of the employed persons interviewed had located their jobs through social channels, and one-fourth of all respondents obtained money from friends or relatives during the previous month. Another 20 percent said they had recently spent the night at a friend's or relative's home. There is also a greater awareness of services among those homeless with ties than without.

In conclusion, the survey provides suggestive evidence for "community" within certain segments of Nashville's homeless population, but the romanticism implicit in such a view needs to be toned community is a practical matter for the homeless, many of whom use their social ties to cope with extreme poverty and deprivation.

--Dr. Barry Lee

Safety Network
February 1987

Homeless Health Needs Examined in Hearings

Washington, D.C.—Congressional hearings held here recently examined the need for health care for homeless persons and considered federal legislation to address those needs.

The hearings were held by the House subcommittee on Health and the Environment, chaired by Rep. Henry Waxman (D-CA).

Lead witnesses at the hearing were two homeless persons, who testified from their own personal experience.

Bob Gallagher, a veteran, testified that he first became homeless when he was injured on the job, stopped working and was evicted after he could no longer pay rent.

On the street, Mr. Gallagher contracted pneumonia but was unable to obtain medical treatment from the Veterans Administration hospital, which forced him to return to the street at 3 a.m. He was eventually hospitalized for over a month in intensive care for a serious respiratory disease.

Mr. Gallagher testified that he was able to repair his health when he moved into Christ House, a private shelter here especially aimed at caring for convalescing homeless persons. Mr. Gallagher noted, however, that Christ House has only 38 beds.

Dolores Marshall, the second homeless witness, testified that she had been injured in a hit-and-run car accident while living in a shelter for homeless women. Hospitalized for three weeks with a broken hip, she was discharged—to a shelter—prematurely because she was unable to pay the mounting hospital bills.

Ms. Marshall also described her difficulty in obtaining health care at the shelter. She stated that although she should have follow up care and physical therapy, she has been unable to obtain either.

Special Medical Hazards

A panel of experts testified next. Dr. William Vicic, of St. Vincent's Hospital in New York, described the special medical hazards to which homeless persons are exposed, and Phyllis Wolfe, director of the Health Care for the Homeless Project here, testified about that program's effort to set up clinics in shelters.

Finally, Diane Sonde, director of Project Reachout in New York City, described that program's efforts to directly reach out to mentally ill homeless persons living on the street. She emphasized that such persons are receptive to care, and noted that more such projects —supported by federal funding—are needed.

A third panel of advocates called upon the federal government to act to relieve the plight of homeless persons suffering from physical or mental illness. These advocates included Janet Waxman and Tipper Gore, co-chairs of Families for the Homeless, a group of congressional spouses concerned about the homeless.

Maria Foscarinis, testifying for the National Coalition for the Homeless, called upon Congress to take immediate action by passing legislation designed to provide emergency health and mental health care to the nation's homeless poor.

Pending Legislation

The impetus for the hearing is pending federal legislation sponsored by Rep. Waxman. The bill, drafted by the National Coalition and other advocacy groups, would set up a federal grant system to fund services providing physical and mental health care in the shelters and outreach services. It would also amend the Medicaid Act to ensure access to those benefits by homeless persons.

The bill, known as the Health Care for the Homeless Act, is part of the Homeless Persons' Survival Act, a omnibus bill designed to provide comprehensive short- and long-term relief to homeless persons.

Homeless Reporter (Shelter
Partnership Corporation)
November 1986

NUTRITION AND THE HOMELESS: PART II: SPECIAL NEEDS

Many homeless people have diseases or physiological states which affect their nutritional requirements, or which can be treated, in part, by diet. The following information is provided to help you recognize potential problems that may need medical care, and to help you work with the person to solve them.

Alcoholism: Alcohol interferes with the intake, absorption and metabolism of various nutrients. Encourage medical care. A multivitamin/mineral supplement is useful.

Mental Illness: Untreated, it may affect what food the guest is able or willing to eat. Work with the mentally ill person to provide nutritious food that is acceptable to them. Many medications used to treat mental illness increase appetite, so beware of obesity.

High Blood Pressure: Soup kitchen guests should be encouraged to lose weight if obese. Restrict salt intake. The often-prescribed Thiazide diuretics increase potassium needs, so encourage the person to take a good source of this nutrient daily (oranges, bananas, dried fruit, beans).

Chewing Problems: Bad teeth are very common among the homeless, particularly the elderly. Soft diets are recommended--tender pasta, soft breads; cut up fruits, vegetables and meat very finely.

Tuberculosis: A commonly used medication, Isoniazid, interferes with Vitamin B6 metabolism. Check with a doctor for supplement.

Epilepsy: Dilantin, a common prescription, interferes with folate metabolism. Check with doctor for supplement.

Lactose Intolerance: Milk and some milk products can cause gas in those unable to digest them. Blacks and Asians are particularly susceptible. Often yogurt and chocolate milk are better tolerated. Cheese is not a problem.

Constipation: Increase fiber through intake of whole grains, fruits and vegetables. Avoid long-term laxative use, as it interferes with the absorption of nutrients.

Pregnancy: The woman should be under a doctor's care. Monitor weight gain. Encourage multivitamin/mineral supplement and emphasize foods high in calcium and iron.

Lactation (Breast feeding): Encourage breast feeding where practical. Consult doctor if child has frequent or prolonged diarrhea. Encourage intake of high calcium foods for the mother.

Elderly: Need less total food (calories), so reduce less nutritious foods to maintain adequate vitamins, minerals and protein. High calcium intake may retard osteoporosis (bone thinning). Chewing problems are common.

(Adapted from "Nutrition and the Homeless," Karen Kinsell, the Shelter Workers Handbook.)

Section VIII. Bibliography on Homelessness--General Information
Homelessness Information Exchange

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Section IX. Free Publications

FREE PUBLICATIONS

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*If unavailable from the GPO, contact the Congressional Committee that issued the report.

Section X. Publications available from the Homelessness Information Exchange

PUBLICATIONS CURRENTLY AVAILABLE

Homewords, the quarterly newsletter of the Homelessness Information Exchange, compiles effective national and local programs and resources that address homelessness. Each issue highlights model projects, public and private funding strategies, relevant research, and technical advisors. The programs summarized address a continuum of care including emergency, transitional, permanent, and preventive strategies. Annual subscriptions are $10.

General Information explains the causes of homelessness, population characteristics, misconceptions, federal responses, policy issues, and relevant research. The extensive compilation of materials is useful for public education efforts, public speaking, writing proposals or informing the media. ($10)

Transitional Housing offers an introduction to the concepts of transitional housing and its role as an intermediate step to independent living. It addresses issues in facility development, management and program design, with descriptions of services for families and single adults. References included. ($10)

Family and Child Homelessness summarizes the extent, causes and effects of homelessness among families and children. It includes a general overview, excerpts from a wide selection of reports, emergency and transitional case studies, and a bibliography of references. ($10)

City Assistance Packet: Comprehensive Planning to Address Homelessness presents a framework for addressing both the service needs of homeless people and the structural problems which contribute to homelessness. It is a guide for state and city offices, local planners, advocates and service providers. The packet focuses on six areas: task forces, assessments, emergency services, transitional housing and support services, permanent housing, and prevention. Eighteen cities' efforts are presented; enclosures describe specific components of 13 model programs. The price is $35; the subsidized rate is $20.**

Helping the Homeless in Your Community Educate, volunteer, advocate, for the homeless in your community. This compilation of materials offers a general overview of the homelessness problem, with practical examples of how you can offer your time, skills, or support to homeless individuals and families in your locality. it discusses accepted myths, general education, volunteerism, fundraising, church involvement, and how to build coalitions. ($10)

Homewords (yearly subscription)	_____	@	$10	_____
General Information	_____	@	$10	_____
Transitional Housing	_____	@	$10	_____
Family and Child Homelessness	_____	@	$10	_____
City Assistance Packet	_____	@	$35/20	_____**
Coalition Building	_____	@	$ 6	_____
How to Get Involved Locally	_____	@	$10	_____

Please make checks or money orders payable to:

Homelessness Information Exchange
1830 Connecticut Avenue, N.W.
4th Floor
Washington, DC 20009

Name and Title: _____
Organization: _____
Address: _____
City/State/Zip: _____
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